

**A STUDY TO ASSESS THE EFFECTIVENESS OF
ACTIVITY THERAPY ON STRESS AMONG
OLD AGE PEOPLE IN SELECTED OLD
AGE HOMES AT KANYAKUMARI
DISTRICT**



**A DISSERTATION SUBMITTED TO THE TAMILNADU
DR. M.G.R. MEDICAL UNIVERSITY, CHENNAI,
IN PARTIAL FULFILLMENT FOR THE
DEGREE OF MASTER OF SCIENCE
IN NURSING**

APRIL 2015

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Internal Examiner

External Examiner

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CERTIFICATE

This is to certify that this is a bonafide work of..... II year Msc
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*“And God said, ‘Let there be light’, and there was light.
God saw that the light was good” – Genesis 1:3,4.*

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Investigator

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ABSTRACT

This study was conducted to evaluate the effectiveness of activity therapy on stress among old age people in selected old age homes at Kanyakumari District. Quantitative research approach was used. Pre experimental- one group pre test post test design was adopted for this study. The study was conducted among the old age people at home for the aged Plankalai and home for the aged at Mathar. Convenience sampling technique was adopted to select 60 old age people.

Data collection was done by Modified Psychological Stress Assessment Scale. Activity therapy was administered for old age people. The data gathered were analysed by descriptive and inferential statistical method and interpretation was done on the basis of the objectives of the study. The data was collected and analysed by using descriptive and inferential statistics. The findings were highly significant to the table value.

During pre test, In Modified Psychological Stress Assessment scale, the analysis of pretest out of 60 samples, 48.3% of them had moderate stress, 51.6% of them had severe stress. So it indicates that moderate and severe level of stress was common among old age people and they requires some relieving measure. During post test, out of 60 samples 76.3% of them had mild stress and 23.3% of them had moderate stress.

Based on Modified Psychological Stress Assessment the post test result shows that the mean post test score was 26.51% , standard deviation was 7.35% and the mean difference was 34.9. The obtained paired t test value 27.09 which is more than the table value 0.05 level of significance. Hence the research hypothesis [H_1] was accepted and it was inferred that activity therapy is reducing the level of stress among old age people.

From the results of the study it is concluded that rendering activity therapy to the old age people was effective in reducing stress. The old age people with stress can include this therapy in their routine activities. The old people's leisure time may be enough and utilized for doing this activity therapy.

CHAPTER - I

INTRODUCTION

*“Age is an issue of mind over matter,
If you don’t mind it doesn’t matter”*

– Mark Twain

Background of the Study

Growing old in a society that has been obsessed with youth may have a critical impact on the mental health of many people. This situation has serious implications for psychiatric nursing. (**Mary.C.Townsend; 2006**)

Ageing population can be seen as a success story for public health policies and for socioeconomic development, but it also challenges society to adapt, in order to maximize the health and functional capacity of older people as well as their social participation and security. (**WHO; 2011**)

In India life expectancy at birth has increased by 20 years to the past 5 decades the average life span today is 66 years. Today there are about 77 million people in India aged above 60 years of age in India. (**SathyaVenkatesh; 2010**)

Problems of the elderly include physical changes, psychological changes, personality changes and psychosocial changes. Elderly individuals usually face a high risk developing mental problems and psychological changes like agitation, crying spells, irritability and stress. (**Sreevani.R; 2007**)

Stress may be defined as a real or interpreted threat to the physiological or psychological and/or behavioral response. It is a bodily or mental tension resulting from factors that tend to alter an existing equilibrium. (**Lalitha.K; 2007**)

Emotional Stress is more subtle, if it is chronic, the eventual consequences can be harmful. Stress hormones (Cortisol and adrenaline) provide energy and focus in the short term, but too much stress over too many years can throw a person's system off balance. Overloads of Stress hormone have been linked to many health problems, including heart disease, high blood pressure and weaken immune functions. For older people already at heightened risk for these illnesses, managing stress is particularly important. **(Woolston.C; 2006)**

Factors causing stress in old age may includes environmental stressors, physiological stressors, social stressors and life style changes of any kind. The outcome of this induced stress can be feeling of insecurity, rejection, need for approval and inability to cope with changed circumstances. Interpersonal issues and organization issues also can induce stress.**(Sreevani.R; 2007)**

Practiced in clinical, residential, and community settings, the profession of therapeutic recreation uses treatment, education, and recreation services to help people with illnesses, disabilities, and other conditions to develop and use their leisure in ways that enhance their health, independence, and well-being.**National Therapeutic Recreation Society (NTRS)., (1994)**

Birth and death is common nature in the universe, whether we want or not each human being has to cross the human life cycle. Every human being in this world experiences different stages of development like infancy, childhood, adolescence, adulthood and oldage. Twenty first century may be called as the "Era of population Ageing".

Ageing is an inevitable developmental phenomenon bringing along a number of changes in the physical, Psychological, hormonal and social conditions. This phenomenon is more evident in developed countries but recently it seems to be increasing more rapidly in developing countries.

Common problems in old age are physical and psychological problems. Some of the causes which contribute to elderly stress are death of spouse, close friends, a child or grand children which often make it extremely difficult for elderly people to

cope with, resulting in feeling of isolation and loneliness and leading to stress. Deteriorating physical health and emotional insecurity is another reason for elderly stress. Disabilities, failing memory and physical appearance also work as factors that trigger elderly stress

Stress is a fact of everyday life. People are often dealing with certain circumstances and situations that can be stressors in their life that leave them feeling emotionally and physically overwhelmed. Stress is what happens to our body, mind and behavior in response to an event. Stress can come from any situations or thought that makes one feel frustrated, angry or anxious. A strong response to stress can be harmful. Stress is a body's method of reacting to a challenge. A stressor is an agent or stimulus that causes stress. Stress is the feeling when under pressure, while stressors are the things we respond to in our environment.

Stress is an unavoidable part of life. Furthermore, the effect of stress on cognitive functioning appears to depend on the length of time we endure the stressor. Transient or acute stress may be beneficial (Kim & Diamond, 2002), whereas chronic stress can have detrimental effects on cognitive performance (for reviews see McEwen & Sapolsky, 1995; Sapolsky, 2000). On the other hand, the results of the effect of life events/ daily hassles on cognitive functioning are mixed. For example, Sands (1981-82) observed that, in a sample of community-dwelling elderly women, there was greater cognitive decline for women who experienced more stress over a two-year period. In contrast, Saczynski, Rebok, & Holtzman (2002) found that the more stressful life events participants reported, the better they performed on a delayed recall task.

Lossing a loved one is one of the most stressful events a person can experience. The current research suggests that bereavement may have a time limited effect on cognitive functioning (Saczynski et al., 2002) but there is very little information on the association between bereavement and cognitive performance.

One of the more recent areas of stress research is examining the effect of allostatic load (AL; the wear and tear on the body due to environmental demands) on physical and cognitive functioning (Karlamangla, Singer, McEwen, Rowe, & Seeman,

2002; Seeman, McEwen, Rowe, & Singer, 2001). Karlamanga and colleagues (2002) and Seeman and colleagues (2001) revealed that AL was associated with a summary measure of cognitive functioning but there has been very little research since this investigation with regard to allostatic load and its association with specific cognitive domains.

In India, the elderly population has increased from 12 million in 1901 to 57 million in 1990 and 70 million in 2001. Projections indicate that by the year 2020, there will be 470 million people aged 65 and older in developing countries. The Indian aged population is currently the second largest in the world. Among three countries like China, India and Indonesia, India will have the largest number of old people by the year of 2025.

According to 2011 census, there are 10 crore people who are above the age of 60 in India. The major issues among the elderly are loneliness, abuse and neglect health where the families and government need to spend much more attention for them. Now a days in the nuclear family system, many children do not have enough time to look after their ageing parents. As a result many of the aged land into old age homes, either by force or out of own choice.

The united Nations estimates put the number of the old age people aged 60 and above at 600 million in the 10% of the world population and this number is expected to go up by 2 billion by 2050 (Hazara 20009). In old age the need for economic, health and the emotional well being assume special significance because of gradual reduction in abilities. At present, besides government run old age homes, several voluntary organizations for social welfare and religious groups are running old age homes and private organizations are also running old age homes.

According to the survey conducted by the Madras Institute of Ageing, there were 529 old age homes in India in 1995 (Krishna Nair 1995). India had only 96 old age homes before 1950; more over 94 were added in the next decades [1951-1970]. During the next decodes, there was a rapid expansion in number of old age residents. In the year 1995, Kerala state led the rest of the country with 102 old age homes, followed by Tamil Nadu 94 and Maharastra 65. South India (Kerala, Tamil Nadu,

Karnataka and Andhra Pradesh) accounts for 275 old age homes forming 52% of the total.

In India the elderly population aged 60 years or above account for 7.4% of total population in 2001. For males it was marginally lower at 7.1%, while for females it was 7.8%. Among states the proportion varies from around 4% in small states like Dadra & Nagar Haveli, Nagaland Arunachal Pradesh, and Meghalaya to more than 10.5% in Kerala. The life expectancy at birth during 2002-06 was 64.2 for females as against 62.6 years for males. At age 60 average remaining length of life was found to be about 18 years (16.7 for males, 18.9 for females) and that at age 70 was less than 12 years (10.9 for males and 12.4 for females). About 65 per cent of the aged had to depend on others for their day-to-day maintenance. Less than 20% of elderly women but majority of elderly men was economically independent. Among economically dependent elderly men 6-7% was financially supported by their spouses, almost 85% by their own children, 2% by grand children and 6% by others. Of elderly women, less than 20% depended on their spouses, more than 70% on their children, 3% on grand children and 6% or more on others including the non-relations. Health for all 2000 A.D. with its emphasis on primary care includes "Participation of elderly" in their care. The world health day theme of the year 1999 rightly emphasized "Active ageing". From 2004 onwards October 1st has been celebrated as "World Elder's Day".

Need for the Study

Oldage or ageing express the continuous pressure and effect of time in our body, sense and skin. Usually ageing occurs after the age of 60-65 years. But in some cases ageing start just after the age of 50. The number of people above 60 years is assessed to be over 49 crores in the world. By 2040 their number will be 140 crores. Ageing population can be seen as a success story for public health policies and for socioeconomic development, but it also challenges society to adapt, in order to maximize the health and functional capacity of older people as well as their social participation and security.

According to Ageing and health program (2005), there are currently 580 million people in the world who are aged 60 years and above. This is expected to rise to 1000 million by 2020 with over 700 million in the developing world. Older people over 60% of them live in developing countries.

According to the American Geriatrics Society., (2005) there was one geriatrician for about every 5,000 people over 65. The elderly population, ages 65-74 years is 7 percent (18,759,000 people) of the total population; ages 75-84 is 4 percent (11,145,000 people) of the total population, 85 and older are 1 percent (3,625,000 people) of the total population; and the total elderly population, aged 65 and older is 13 percent of the total population.

In India, 5.3% belongs to the age group of above 65 years, male were 29,364,920 and female were 32,591,030. A UN report on the changing age structures of populations and their implications for development has projected that by 2050 the number of elderly people - defined as aged 60 or more - would exceed the number of children for the first time in history. By then, there should be nearly two billion elderly persons, up from about 705 million this year.

Older people are capable of making a positive impact on the society they live in. They possess a vast experience in different walks of life. But now because of various reasons the senior citizens are psychologically and emotionally assaulted which make them to institutionalize which have a greater negative impact on their psychological well being, resulting in stress. During postings to the old age home the researcher found that elderly are suffering with lot of psychological problems. So the researcher recognizes the importance to support the positive and active living of the elderly. Some recreational therapy may help in improving their quality of life in terms of reducing stress and to maintain cognitive function.

Demographic aging is a global phenomenon. By 2025, the world's old age population (65 and above) is expected to be more than 830 million. India will become home to the second largest number of older persons in the world. Health status of elderly in developing countries projected that by 2020 three quarter of all death could be ageing related. Over 10% of India's elderly suffer from stress. [VHAI Report].

Major reason for old age persons to join in old age home is to meet basic needs (50%) and negligence by family members (40%) based on the study conducted by the Department of Human Development and Family. WHO also projected that problems among the elderly in developed nations will increase from 9% to 12% by 2026. (WHO, 2001). 236 elderly people per 10,000 populations suffer from mental illness due to stress, depression, heart diseases and stroke (WHO, 2004). The prevalence and self reported causes of loneliness among Finnish older population was examined. Loneliness was more common among rural elderly people than those living in cities [Savikko, et al., 2005].

Emotional loneliness and social isolation are major problems during old age. Feeling of loneliness was not associated with the frequency of contacts with children and friends but rather with expectations and satisfaction of these contacts. The most important predictors of loneliness were living alone, depression, stress, experienced poor understanding and unfulfilled expectations of contacts with their friends.

There are various therapies which are used to treat stress such as laughter therapy, reminiscence therapy, guided imagery technique, pet therapy, activity therapy, meditation, Yoga and hug therapy.

Activity therapy is a healing technique that is often employed with people overcoming physical addiction or emotional issues. The main focus of the therapy is to engage the individual in creative endeavors that help to alter the thought process. The researcher of the present study did conduct a study related to activity therapy, as it seems new, the researcher studied about the activity therapy which found to be simple and a best way to get relaxed to bring out their abilities and also to earn money, thereby relieving stress. The researcher also identified that for a person with more stress it will be much useful and hence selected the old age people suffering with stress for the study. By making them to practice the activity therapy they can express out the difficulties. This in turn helps them to keep mind relaxed and reduces the stress.

Statement of the Problem

A study to assess the effectiveness of Activity therapy on stress among old age people in selected old age Homes at Kanyakumari District.

Objectives

- 1) To assess the level of stress among old age before giving activity therapy.
- 2) To assess the effectiveness of activity therapy among old age after giving activity therapy.
- 3) To find out the association between the level of stress among old age and their selected demographic variables.

Hypotheses

H₁: There will be significant difference between the level of stress among old age people after giving activity therapy.

H₂: There will be significant association between the level of stress among old age people with their selected demographic variables.

Operational Definitions

Effectiveness

In this study, effectiveness refers to the outcome of activity therapy given to the old age people. It can be measured by modified stress assessment scale.

Old age

In this study it refers to old age people who are residing in the selected old age homes between the age group of 60-80 years.

Stress

In this study it refers to psychological response such as hopelessness, helplessness, and low self esteem, and physiological response such as body ache indigestion problems and insomnia due to stressors of old age people.

Activity Therapy

In this study, it refers to therapy which enable the people to engage in recreational activities like flower making and flower vase making which will be taught to old age people for up to 20-30 mts and continued up to 10 days.

Assumptions

- ❖ Old age people who are staying in old age home will have stress due to loneliness and lack of family support.
- ❖ Level of stress may vary from individual to individual.
- ❖ Activity therapy will be effective in reducing the level of stress among old age people.
- ❖ Old age people will have interest to know about activity therapy.

Delimitations

The study is delimited to,

- ❖ The old age people who are residing at selected old age homes- home for old age Pilankalai and home for the aged mathar.
- ❖ The study period is limited to 4 weeks
- ❖ The study is limited to the age group of 60-80 years.
- ❖ The sample size is limited to 60 samples.

Ethical Considerations

The proposed study was conducted after the approval of dissertation committee of Thasiah College of Nursing. Permission was obtained from the Home for the aged, Pilankalai, and Home for the aged, Mathar. Verbal consent was obtained from each subject before starting the data collection. Assurance was given to the study subjects regarding the confidentiality of the data collected. The researcher also underwent activity therapy training before data collection in a recognized institution for providing intervention in a safe manner.

Conceptual Framework

The conceptual framework based on Imogene King's Goal Attainment Theory (1981) consists of personal & interpersonal systems including interaction, perception, judgment, communication and transaction. This involves interaction between the researcher and the old age people.

Six major concepts described the following

Perception

It refers to people's representation of reality. Here the researcher and the old age people perceived the need for activity therapy to reduce the level of stress.

Judgment

Judgment is the decision which is made based on perceived need. Here the researcher decided to provide activity therapy to reduce the level of stress and the old age people decided to participate in the research study. Pre test was conducted to assess the level of stress among old age.

Action

This refers to the intervention used by researcher and participant's participation to achieve the expected outcome.

Researcher Action

The researcher action was to provide activity therapy to reduce the level of stress.

Participant Action

The participant action was their decision to do the activity therapy.

Reaction

Reaction refers to the involvement of participants. In this study the researcher and old age people set a mutual goal which is reduction in level of stress. Researcher did teach and demonstrate various activities as part of action plan and participants decided to learn and practice those activities.

Interaction

It refers to the verbal and non verbal communication between the participants and researcher who involve in goal directed perception. Here the researcher encouraged the old age people in selected old age homes to participate in activity therapy by demonstration to reduce the level of stress.

Transaction

This is the achievement of a goal. Here the researcher's goal was achievement of the reduction in level of stress and assess the effectiveness of activity therapy by using Modified psychological stress Assessment Scale.

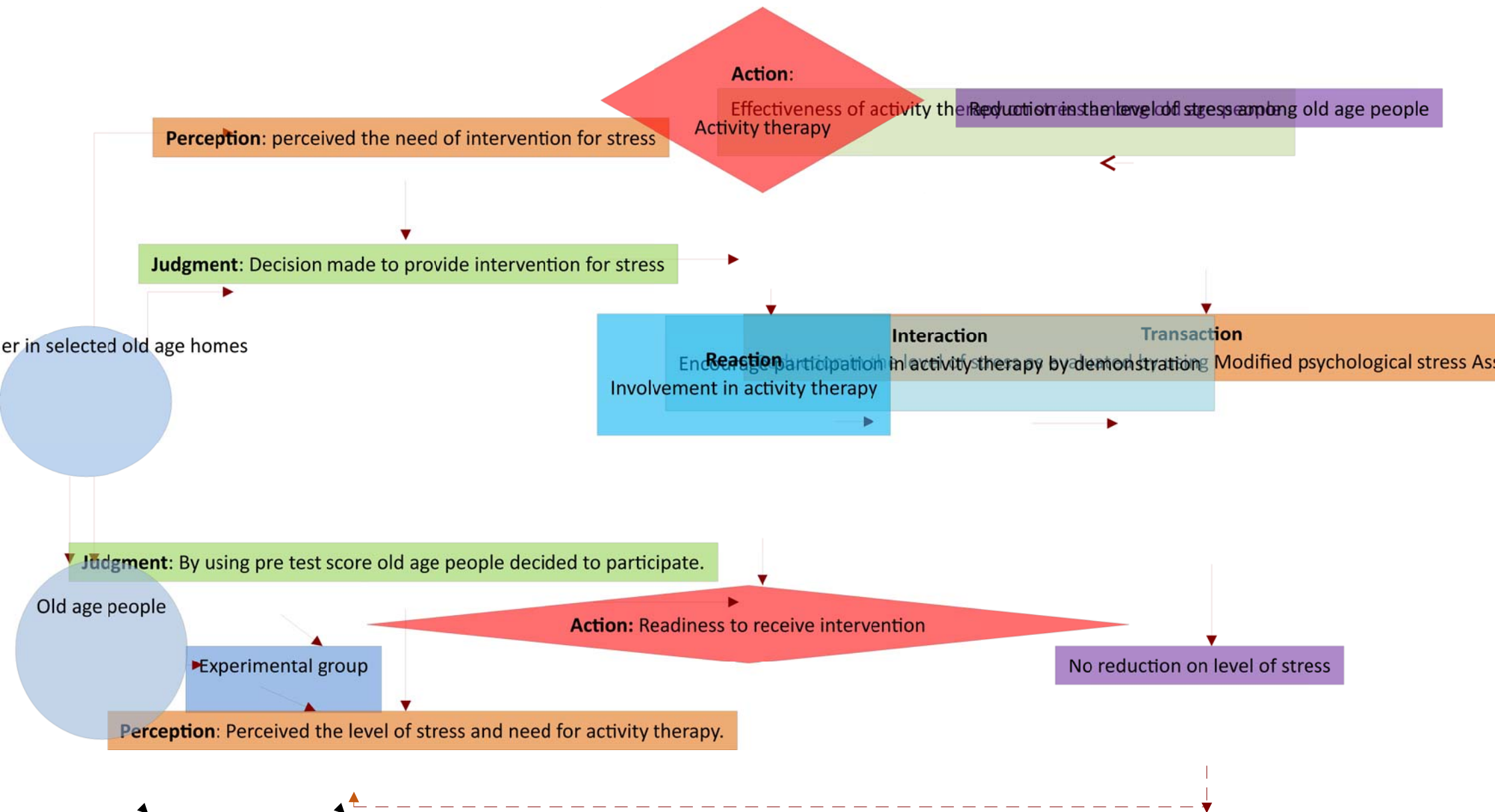


Figure 1: Conceptual Frame Work Based on ImogeneKings Goal Attainment Theory (1981)

CHAPTER - II

REVIEW OF LITERATURE

Review of literature is an essential component of the research process. It aids the researcher in the formulation of the research plan or proposal and condition of the study. It aids in relating the outcomes of the study to the findings of other investigations. Review of literature is defined as a critical summary of research on a topic of interest, often prepared to put a research problem in context. **(Polit and Beck, 2006)**

This chapter deals with a review of published and unpublished research studies and from related material for the present study. The review helped the research to develop an insight into the problem area. This helped the researcher in building the foundation of the study.

The review of literature in this chapter is presented under the following headings:

Section a: Studies related to elderly in old age home.

Section b: Studies related to stress in old age people

Section c: Studies related to effectiveness of activity therapy.

I. Studies Related to Elderly in Old Age Home

Caroline Nicholson, et. al., (2013), conducted a qualitative study on the experience of living at home with frailty in old age in London. The study was carried out in the homes of the participants; all lived in a socio-economically diverse area of inner London. 15 participants were purposively selected for living at home, being aged 85 or older and regarded as frail by a clinical multidisciplinary intermediate care team. The findings challenge the negative terms in which frailty in older age is viewed in the predominant models. Rather, is understood in terms of potential capacity- a state of imbalance in which people experience accumulated losses whilst working to sustain and perhaps create new connections.

Nilsson, (2007), conducted a cross sectional study in rural Bangladesh and Vietnam to assess the health and quality of life in elderly in old age homes and found that there were similarities between the two countries. Advanced age, being a woman, belonging to poor households and having a poor self reported health status were significantly associated with poor health related quality of life. Illiteracy was additionally found to be a significant determinant of poor health related quality of life in Bangladesh.

Kenmare, (2000), conducted a study on recognizing and managing in women for 40 samples in old age home. The study revealed that depression is 50% common in women as in men, and women often experience different symptoms, a different course and a different response to treatment as old age may cause or exacerbate depression.

Kavitha A.K., (2000), did a comparative study on the quality of life among senior citizens living in home for the aged and senior citizens in the family set up. The sample size was 100 and the research approach was comparative survey. The modified WHO standardized tools were used by the investigator. The above mentioned study found that the overall mean score regarding quality of life was found higher among the senior citizens living in family set up than the senior citizen living in old age homes.

Rajan, (2000), conducted a descriptive study in Kerala to know the reasons why the elderly approach old age homes. The results were, no one to take care of them (67%), children away from the family (1%), problems with children (8%) and own preference (24%). He also said that 82% of inmates reported that the quality of life in old age home was alright and only 1% of the elderly said that environment in old age home is bad and 16% said that they liked the environment very much.

II. Studies Related to Stress in Elderly

Hema, (2010), conducted a study to assess the effectiveness of selected relaxation techniques to reduce the level of stress among senior citizens residing in selected old age home, at Coimbatore. The pre experimental design was used for the study and 60 senior citizens. Modified stress assessment rating scale, which was used before and after structured teaching programme. There is significant difference between pretest and post test stress score ('t' value=23.715, $p < 0.05$). The Mean score of pretest and post test level of stress were 83.25(SD+ 11.75) and 49.6 (SD+ 10.09). Results of inferential statistics (chi square value $X^2 = 23$, $p < 0.05$) identified that dissatisfaction (or) lack of support system is the major predictor of distress among satisfaction (or) lack of support system is the major predictor of distress among senior citizens living in old age home.

Tak, Sunghee H., (2006), conducted a study on stress in individual results revealed six sources of stress in the daily life of the participants: health, routine tasks, family issues, financial management, social relationships, and living conditions. Three major strategies of coping with daily stress emerged: cognitive efforts, diversional activities, and assertive actions. Participants reported a wide range of support resources to deal with daily stress.

David M. Almeida., (2005), conducted a study on Resilience and Vulnerability to Daily Stressors Assessed via Diary Methods Research on daily stressors has benefited from diary in Pennsylvania. Which used a telephone-diary design, highlight how people's age, gender, and education and the presence or absence of chronic stressors in their lives predict their exposure and reactivity to daily stressors. Respondents reported experiencing on average at least one stressor on 40% of the study days and multiple stressors on 10% of the study days. Approximately 30% of the reported stressors involved some sort of loss (e.g., of money), nearly 37% posed danger (e.g., potential for future loss), and 27% were frustrations or events over which the respondent felt he or she had no control.

Kiecolt-Glaser, McGuire, et al., (2002), conducted a study on the experience of stress can result in significant negative health consequences in both young adults and older adults in US. Stress-related distress was measured using Cohen and colleagues Perceived Stress Scale. Stress-related cognitive interference was measured using the Impact of Event Scale. The correlation between the scales was $r(109) = .61$, $p < .01$. The reliability for the total score was 0.91. The results of this model suggest that it is not the degree to which individuals perceive their lives to be stressful but the extent to which they report experiencing intrusive thoughts or ruminate about a stressful life experience that is associated with cognitive performance deficits.

Louise H. Phillips, et al., (2002), conducted a study on Age and the Understanding of Emotions. Mayer and colleagues have developed a battery of emotional intelligence tasks (the Multidimensional Emotional Intelligence Scales [MEIS]) that predict key criteria such as life satisfaction and empathy for others along with people's ability to regulate their mood. In the study 30 young (aged 20-40 years, $M=29.9$ years, $SD=7.1$), and thirty old (aged 60-80 years, $M=69.2$ years, $SD=6.1$). The younger group comprised 11 men and 19 women, the older group 15 men and 15 women. The age groups differed in terms of years of education, $t(58) = 2.98$, $p = .01$ (young $M=14.45$ years, $SD=2.79$, old $M=12.20$ years, $SD=3.11$). Performance of the young and old age groups on the tasks are reported. There was no effect of age group on the two emotional. There was no significant age effect on identifying emotions in the faces, the older group performed significantly worse than the young group. There were no age effects on surprise, disgust, or fear. However, older people were significantly more likely to make errors on anger, and sadness.

Lefrancois, R., et al., (2000), conducted study on, Stressful life events and psychological distress of the very old in Canada. The purpose of the study was to examine whether social support has a moderating effect on the relationship between exposure to stressful life events and psychological distress. To test this, 224 men and women aged 81-86 were sampled from two municipal regional countries. The French version of the Geriatric Scale of Recent Life Events, the Psychiatric Symptom Index, and the social provision scale were used. The results show that the negative aspect of social interaction may explain why social support did not have a protective effect.

Also, social isolation resulting from psychological distress could reduce the opportunity for instrumental help and emotional support.

III. Studies Related to Effectiveness of Activity Therapy in Old Age People

Anne Marie Piper,et. al., (2014), conducted a study on designing audio-enhanced paper photos for older adult emotional wellbeing in communication therapy. This study revealed the audio-enhanced paper photos enabled by digital technology as an interaction for supporting and understanding emotional wellbeing in late adulthood. Results of the analysis showed the ways in which emotional information is embedded in audio-enhanced photos and this approach addresses various aspects of emotional wellbeing in late adulthood.

Jeannine L .M. Liddleet. al., (2014), conducted a study on the conceptualizing older women's participation in art and craft activities. The result explores the nature of older women's participation in art and craft activities and conceptualizes links between participation in these activities and health and wellbeing in late life .By participating in art and craft activities, older women find purpose in their lives, contributing to their subjective wellbeing whilst helping and being appreciated by others.

Sunjin Nancy Choe (2014), conducted a qualitative study on qualities and features of art apps for art therapy. The study included a questionnaire survey of 4 art therapists using ipads with clients in therapy and 4 separate focus groups with 15 art therapist participants. The focus group participants engaged in art directives with mine art making apps identified as potentially useful in art therapy. The results revealed that while no single commercial art app satisfied the needs of all art therapists and potential clients, three distinct qualities and 6 concrete features of an "ideal" art app for art therapy. While the findings revealed unlimited possibilities for the meaningful use of digital art media in art therapy, they also acknowledge how the unique characteristics of digital art media will require carefully considered limitations and restrictions.

Tinker A.M. et. al., (2008), conducted a study on creativity in later life to assess the social interaction, quality of life, and their well being in late life. The study revealed that, the ability to be creative may be one such strategy, and examines current public health policy related to creativity in old age with the aim of highlighting some important issues. The study presented that creative activity could be a useful tool for individuals and society.

Frances Reynolds (2008), conducted a study on the visual art making as a leisure activity on old age subjective well being. This study examined old age motives for visual art making. Thirty two participants aged 60-86 years old were interviewed 12 lived with chronic illness, 20 reported good health. Nearly all had taken up art after retirement; 2 had since become professional artists. Participants described their art making as enriching their mental life, promoting enjoyment of the sensuality of colour and texture, presenting new challenges. It encouraged attention to the aesthetics of the physical environment, preserved equal status relationships, and created opportunities for validation.

Tramer, Beth A., (2008), conducted study on Geriatric Group Art Therapy in a Nursing Home in Canada explores the benefits of group arttherapy during one and a half-hour weekly sessions in a nursing home. These well-received sessions focused on socialization, enhancing self-esteem, reminiscing, and creative decision making, while reinforcing manual and visual dexterity that art therapy with the geriatric population has great promise as an alternative complementary therapy, worthy of further study and continued practice.

Darryl R. Haslam., (2006), conducted study on the practice patterns and attitudes on family play therapy. There were 442 responses, the sample was predominantly female (88.4%) which was surprisingly consistent report of APT's gender Family Play Therapy 88 composition among play therapists (e.g., female = 89.7%). As far as ethnicity (n=294), the sample was largely White/Caucasian therapists (89.5%) with relatively few from other ethnic or cultural backgrounds. The mean age for the sample was 45 years (SD= 11.7) and a range of 24 to 73 years. Most participants (79%) were between ages 30 and 59, with the largest age range being those in their 50s (30.0%). The vast majority of participants held masters degrees

(78.9%) with 17.3% having doctoral degrees. The average years of clinical practice was 11.2 (SD= 8.6), with a range of 0 to 45 years. Specifically, 57.9% of the group had been in practice for 10 years or less, while 28.4% had been in practice between 11 and 20 years and 9.6% for 21 to 30 years.

Bennett M.P. Zettler (2003), conducted a study to determine the effect of Music therapy on self reported stress and natural killer cell activity. The design of the study was Randomized-pre-post test with comparison group. The setting of the study is Indiana State University Sycamore Nursing Centre. 33 Samples of healthy adult women were selected. The result of the study was focusing on reduction of stress in the music group-compared with those in the distraction group. The conclusion of the study was that music therapy reduces stress and improves natural killer cell activity.

Linda L. Buettner and Joyce Ferrario, (2000), Therapeutic recreation-nursing team: a therapeutic intervention for nursing home residents with dementia in, Binghamton. It was designed to assess the impact of an interdisciplinary intervention on the function and behaviour of nursing home residents with dementia. The intervention, a highly structured program of sensory motor activities developed by a recreation therapist, was integrated into the daily plan of care for the randomly selected experimental group and applied by both nursing and recreation therapy. The primary goal of this study was to enhance the physical and cognitive function and reduce problem behaviour's in nursing home residents with dementia through a highly structured therapeutic recreation-nursing intervention. The subjects were randomly assigned to either the treatment group (n=33) or the control group (n=33) by name draw without replacement. Baseline testing for the 30 week study was completed, with retesting every 10 weeks during the intervention. The Mini-Mental State Examination (MMSE) was used to determine each individual's level of cognitive functioning. The results for group and time were significant for all independent variables MMSE $m=.426$, $t=5.79$, agitation $m=.149$, $t=1.86$ at $p<0.01$ level. t-tests of independent samples (control experimental). MMSE, $t=9.22$, agitation, $t=1.89$ at $p<0.01$.

CHAPTER-III

METHODOLOGY

Research methodology involves the systematic procedures by which the researcher starts from the initial identification of the problem to its final conclusion. It involves steps, procedures and strategies for gathering and analyzing data in a research investigation. **(Denise F. Polit; 2011)**

This chapter deals with research approach, research design, variables, description of setting, population and sample, sample size, sampling technique, criteria for sample selection, description of the tool, validity and reliability, data collection procedure, pilot study, plan for data analysis and protection of human rights.

Research approach

A research approach tells the researcher what data to collect and how to analyze it. It also suggests possible conclusion to be drawn from the data, in view of the nature of the problem under study and to accomplish the objectives of the study. **(Denise F. Polit; 2011)**

The study has utilized quantitative research approach.

Research design

Research design provides the clue that holds the research project together. A design is used to structure the research to show how all the major parts of the research project work together to try to address the initial research question. **(Denise F. Polit; 2011)**

The study utilised pre experimental – one group pre testpost test design to evaluate the effectiveness of Activity therapy in reducing stress.

Pre experimental - one group pretest posttest design

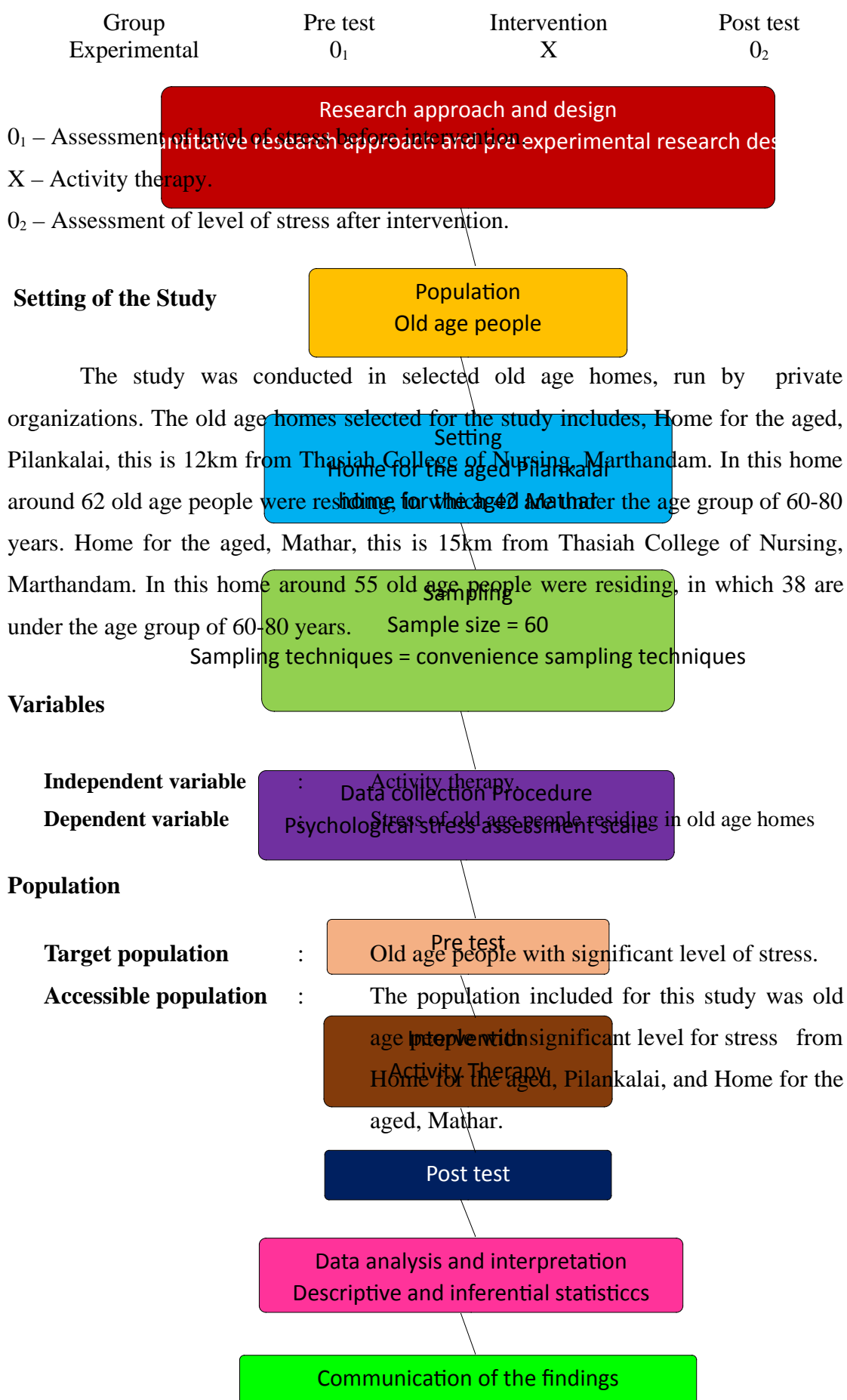


Figure 2: Schematic Representation of the Research Methodology

Sample Size

The sample size consists of 60 old age people those who had been identified as having significant level of stress were selected for experimental group. Among these 30 sample from Home for the aged, Pilankalai, and 30 sample from Home for the aged Mathar.

Sampling Technique

Convenience sampling technique was used to select the sample for the study.

Sampling criteria

Inclusion Criteria

- Old age people who are in the age group of 60-80 years.
- Old age people understand and speak Tamil.
- Both female and male were taken as sample for the study.
- Old age people who have mild, moderate and severe stress.

Exclusion Criteria

- Old age people who are seriously ill during the data collection period.
- Old age people who are not willing to participate.
- Old age people who are mentally and physically impaired.

Description of Tool

The tool which is used in this study consists of two parts,

Part-I

Structured questionnaire was used to collect the demographic data. It consists of age, sex, marital status, source of income, religion, previous occupation,

educational status, duration of stay at old age home, reason for joining in old age home and medical illness.

Part-II

The Modified Psychological Stress Assessment Scale is used to assess the level of stress. The tool consists of 30 items, which involves assessment of psychological, social and physical problems associated with stress.

The Modified Psychological Stress Assessment Scale scores were ranged from 0 to 90. Each item was answered on a four point scale. Items were scored as,

0 = Never

1 = Occasionally

2 = Often

3 = Always.

Scoring and Interpretation

0-30 (0 – 33%)	- Mild stress
31-60 (34 – 67%)	- Moderate stress
61-90 (68 – 100%)	- Severe stress

Validity

Content validity is defined as, extent to which the elements within a measurement procedure are relevant and representative of the construct that they will be used to measure. (**Haynes et al; 1995**)

Content validity of the tool was established by five experts three M.Sc., nursing faculty with more than five years of experience, one Psychiatrist and one Clinical Psychologist. The experts were requested to give their opinions and suggestions for further modification of items to improve the clarity and content of the items. The Final tool was prepared as per the suggestions and advice given by the experts.

Reliability of the Tool

The reliability for application of tool was tested using the test retest method. Instrument reliability is the consistency with which it measures the target attribute. The calculated value was $r=0.88$ which signifies that the tool is highly reliable.

Pilot Study

Pilot study is defined as "a small-scale version or trial run, done in preparation of a major study" (**Denise F. Polit., 2011**)

A pilot study was conducted by getting initial permission from Thasiah College of Nursing. The pilot study was done at Home for the aged Pilankalai, after receiving a formal approval from secretary of the home. The pilot study was conducted among 6 old age people in experimental group who were selected after screening using the Modified psychological stress Assessment Scale. The pre assessment was done. Then the activity therapy was taught for 5 days with demonstration. Then the post test was conducted on the sixth day. Analysis of the data was done by using descriptive and inferential statistics. The tool and instrument were found feasible and practicable. No changes were made in the tool and the researcher proceeded to the main study.

Procedure for Data Collection

The researcher got formal permission from the principal and research and ethical committee of Thasiah College of nursing and formal approval from the secretary of Home for the aged, Pilankalai, and Home for the aged, Mathar. Then the investigator proceeded with data collection to which the investigator selected sample who fulfilled the inclusive sampling criteria according to researcher's judgment. The total strength of the experimental setting consists Home for the aged, Pilankalai, this home 62 old age people were residing, in which 42 came under the age group of 60-80 years. Home for the aged, Mathar, in this home 55 old age people were residing, in which 38 came under the age group of 60-80 years.

The Modified psychological stress Assessment Scale was used to screen the old age people in experimental group. After screening, 60 samples were selected using convenience sampling technique for experimental group. The samples from the experimental group were taught and demonstrated the activity therapy for 10 days and then they continue to do it for one month including the initial 10 days teaching period. Then the posttest was done for experimental group participants. The investigator established rapport with the old age people and assured that the information would kept confidential.

Plan for Data Analysis

Descriptive Statistics

- Frequency and percentage distribution was used to analyze the demographic variables and to assess the level of stress.
- Mean and standard deviation was used to assess the effectiveness of activity therapy on the level of stress.

Inferential Statistics

- Paired‘t’ test was used to compare the pre and post test level of stress in the experimental group.
- Chi-square test was used to find out the association of the post test level of stress in experimental group with their selected demographic variables.

CHAPTER - IV

DATA ANALYSIS AND INTERPRETATION

Research data must be processed and analyzed in an orderly fashion so that patterns and relationship can be discerned and validated, and hypothesis can be tested. Quantitative data analyzed through statistical analysis includes simple procedures as well as complex and sophisticated methods.

This chapter deals with the analysis and interpretation of the data collected from old age people in old age home. This chapter also represents the findings of the study. The data collected from the subjects were tabulated, analyzed and presented in the tablets and interpreted under the following sections based on the objectives and hypothesis of the study.

Section A : Description of sample according to demographic variables.

Section B : Assessment of the pre & post test level of stress among old age.

Section C : Effectiveness of the activity therapy among old age.

Section D : Difference between the level of stress among old age before and after activity therapy.

Section E : Association of post test level of stress among old age with their selected demographic variables.

Section A: Description of Sample According to Demographic Variables

Table 1: Percentage Distribution of Study Samples According to the Selected Demographic Variables

N=60			
Sl.No	Demographic Variables	Frequency	Percentage
1	Age		
	a) 60-65 yrs	17	28.3 %
	b) 66-70 yrs	16	26.6 %
	c) 71-75 yrs	21	35 %
	d) 76-80 yrs	06	10 %
2	Sex		
	a) Male	28	46.6 %
	b) Female	32	53.3 %
3	Marital Status		
	a) Single	7	11.6 %
	b) Married	30	50 %
	c) Widowed	14	23.3 %
	d) Divorced	-	-
	e) Seperated	9	15 %
4.	Source of Income		
	a) Old age pension	18	30 %
	b) Support from children	5	8.3 %
	c) Dependent on old age home	34	56.6 %
	d) Pensioner	3	5 %

5.	Religion		
	a) Hindu	18	30 %
		42	70 %
	b) Christian	-	-
	c) Muslim		

Table:1 Continued

Sl.No	Demographic Variables	Frequency	Percentage
6.	Previous occupation		
	a) Employed	6	10 %
		11	18.3 %
	b) Self employed	43	71.6 %
	c) Unemployed		
7.	Educational status	38	63.3 %
	a) Illiterate	22	36.6 %
	b) Literature		
8.	Duration of stay at old age home		
	a) Less than 1 year	21	35 %
	b) 1 to 3 year	17	28.3 %
	c) More than 3 years	22	36.6 %
9.	Reason for joining in old age home		
	a) Voluntarily	24	40 %
		8	13.3 %
	b) Brought by children	28	46.6 %
	c) Others		
10.	Medical illness		
	a) Diabetes Mellitus	19	31.6 %

b) Hypertension	12	20 %
c) Asthma	6	10 %
d) Any other specify	-	-
e) Nil	23	38.3 %

Table 1 describes that, the study samples according to the demographic variables. Distribution of sample according to age, 28.3 % of sample falls under the age group of 60-65 years, 26.6 % of sample falls under the age group of 66-70 years, 35 % of samples fall under the age group of 71-75 years, 10 % of sample falls under the age group of 76-80 years.

Distribution of sample according to sex 46.6 % of sample were male and 53.3 % of samples were female. Distribution of sample according to marital status, 11.6 % of samples were single, 50 % of samples were married, 23.3 % of samples were widowed and 15 % of samples were separated.

Distribution of sample according to source of income, 30 % of samples source of income is old age pension, 8.3 % of samples source of income is through support from children, 56.6 % of sample were dependent on old age home and 5 % of sample were pensioners.

Distribution of samples according to previous occupation, 10 % of samples were employed, 18.3 % of samples were self employed, 71.6 % of samples were unemployed. Distribution of sample according to educational status, 63.3 % of sample falls under the group of illiterate, 36.6 % of sample falls under the group of literate.

Distribution of sample according to duration of stay at old age home, 35 % of sample were less than 1 year, 28.3 % of sample were 1-3 years, 36.6 % of sample were more than 3 years. Distribution of sample according to Medical Illness, 31.6 % of sample suffers with Diabetes Mellitus, 20 % of sample suffers with Hypertension, 10 % of sample suffers with other means.

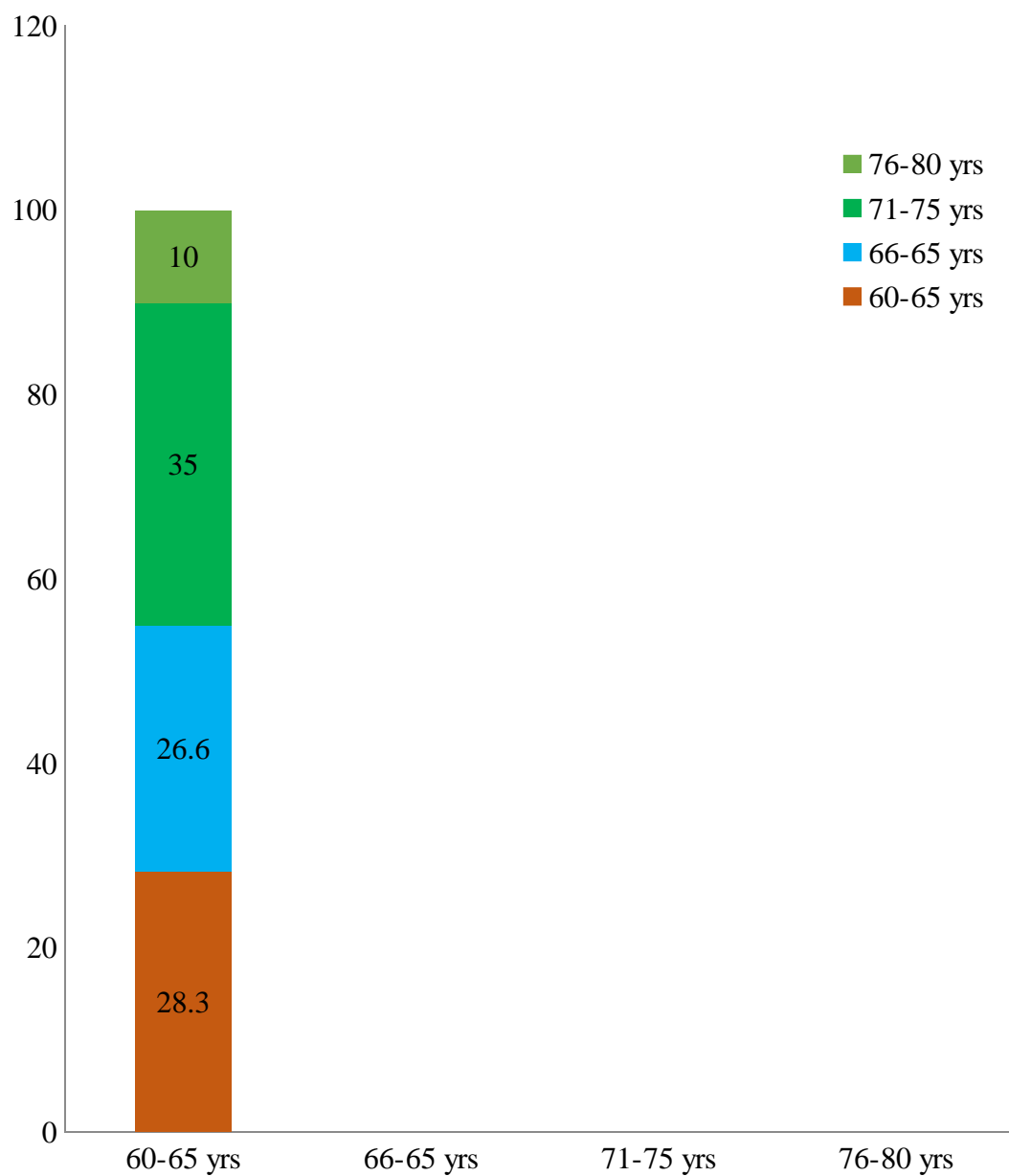


Figure 3: Distribution of Demographic Variables According to Age

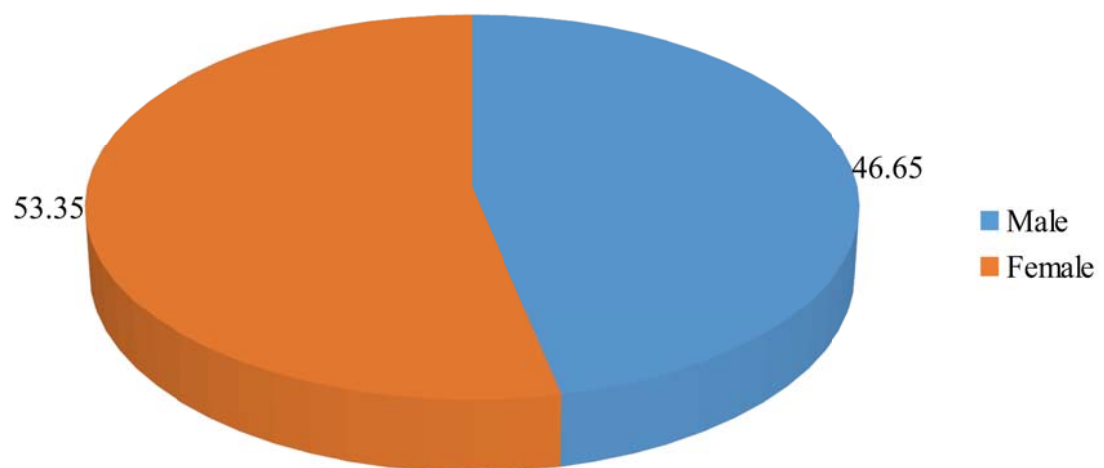


Figure 4: Distribution of Demographic Variables According to Sex

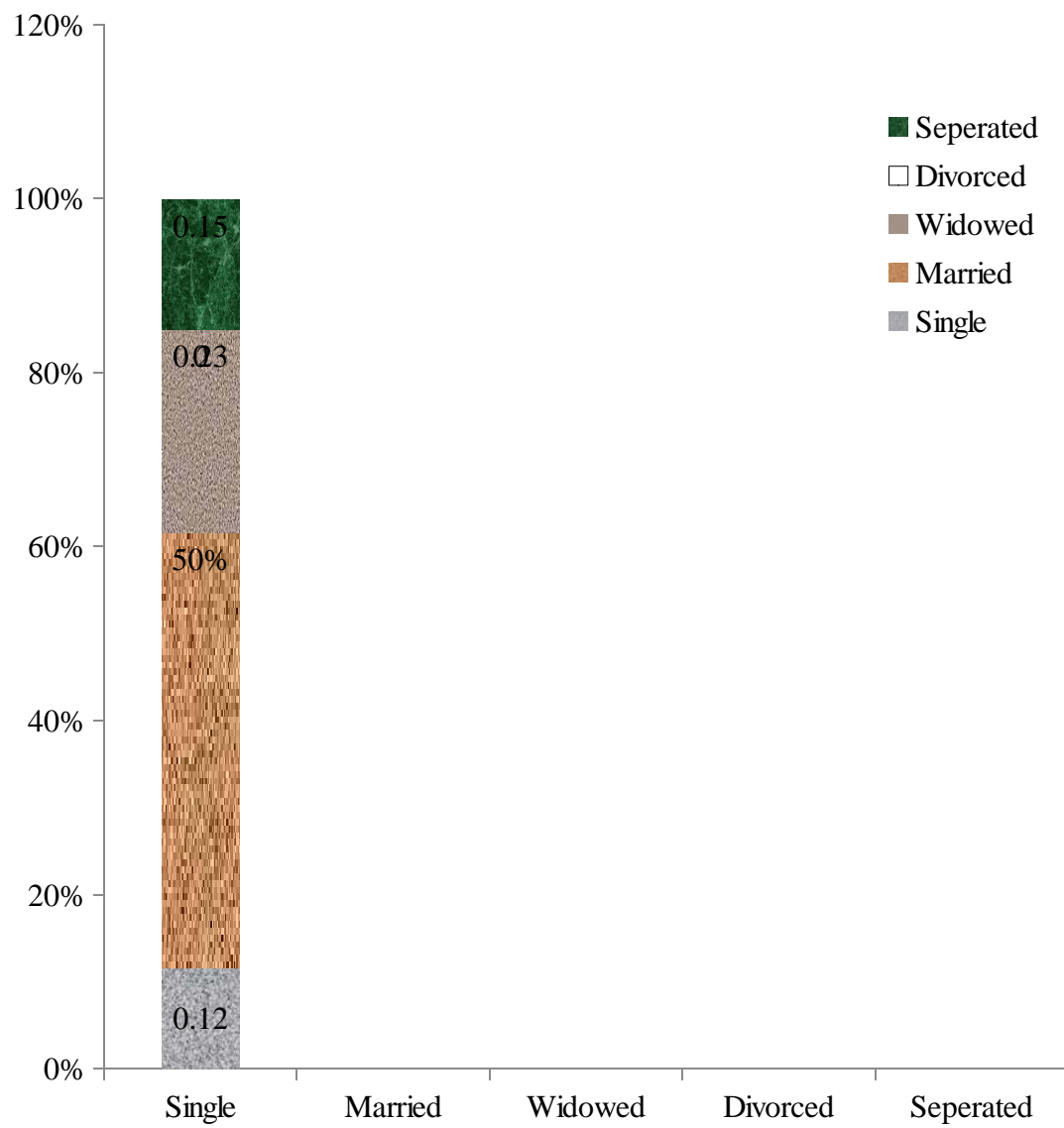


Figure 5: Distribution of Demographic Variables According to Marital Status

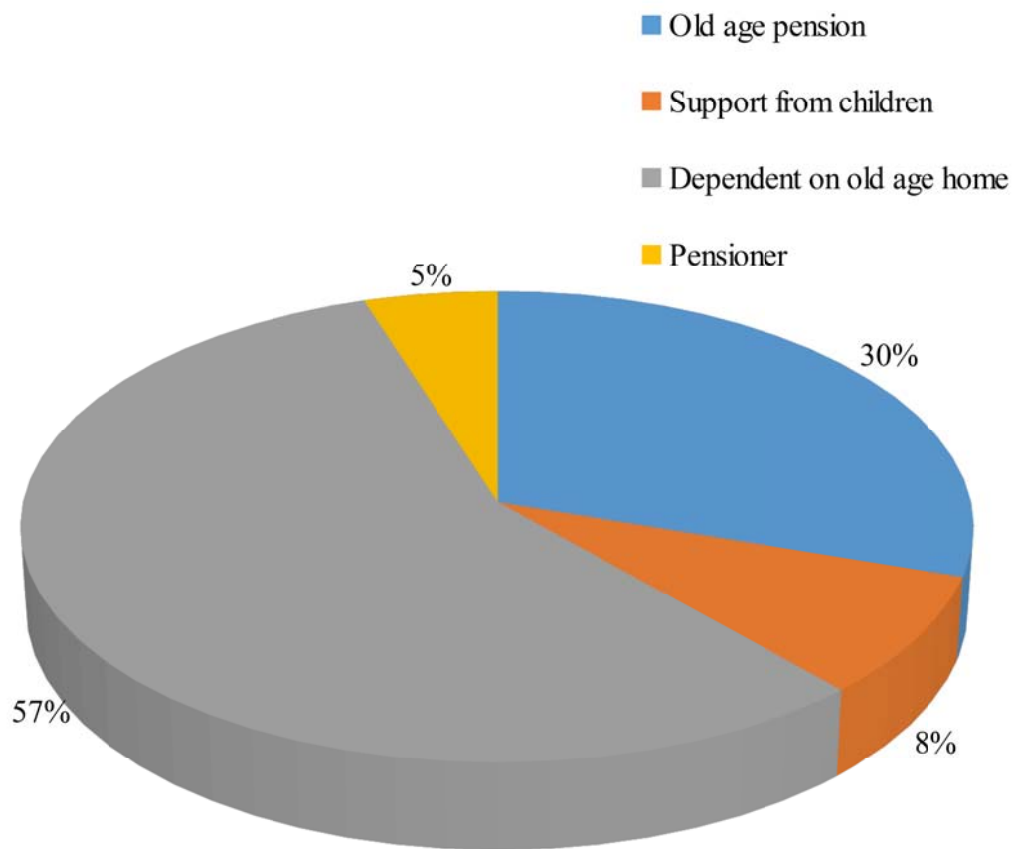


Figure 6: Distribution of Demographic Variables According to Source of Income

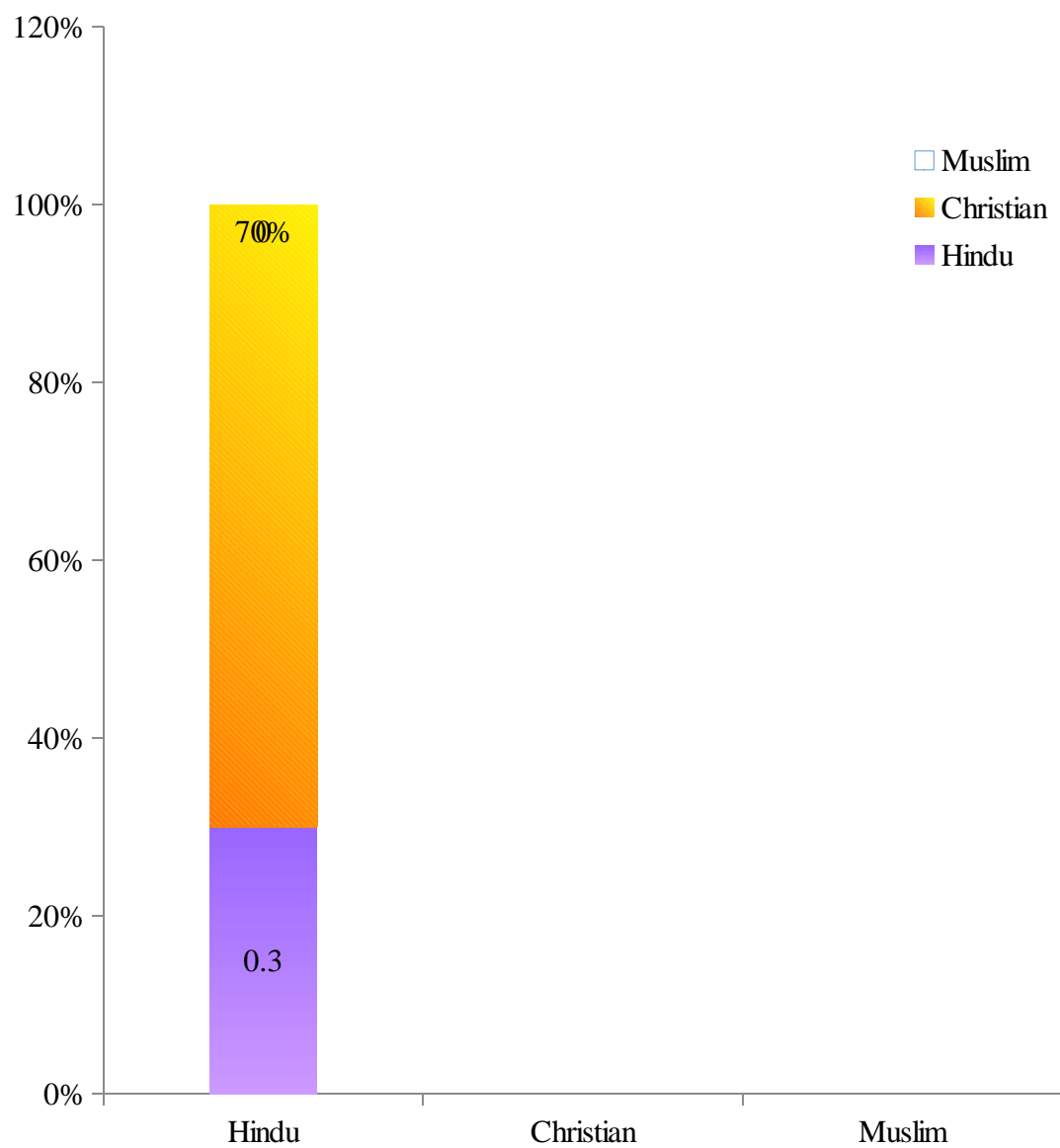


Figure 7: Distribution of Demographic Variables According to Religion

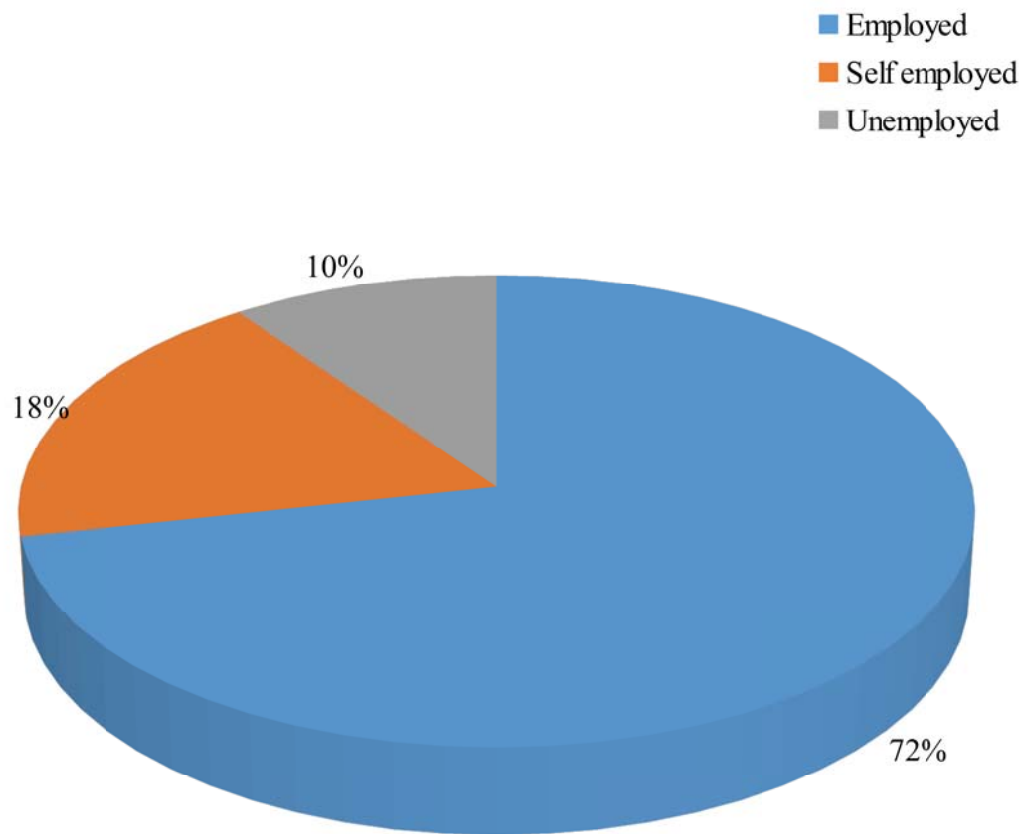


Figure 8: Distribution of Demographic Variables According to Previous Occupation

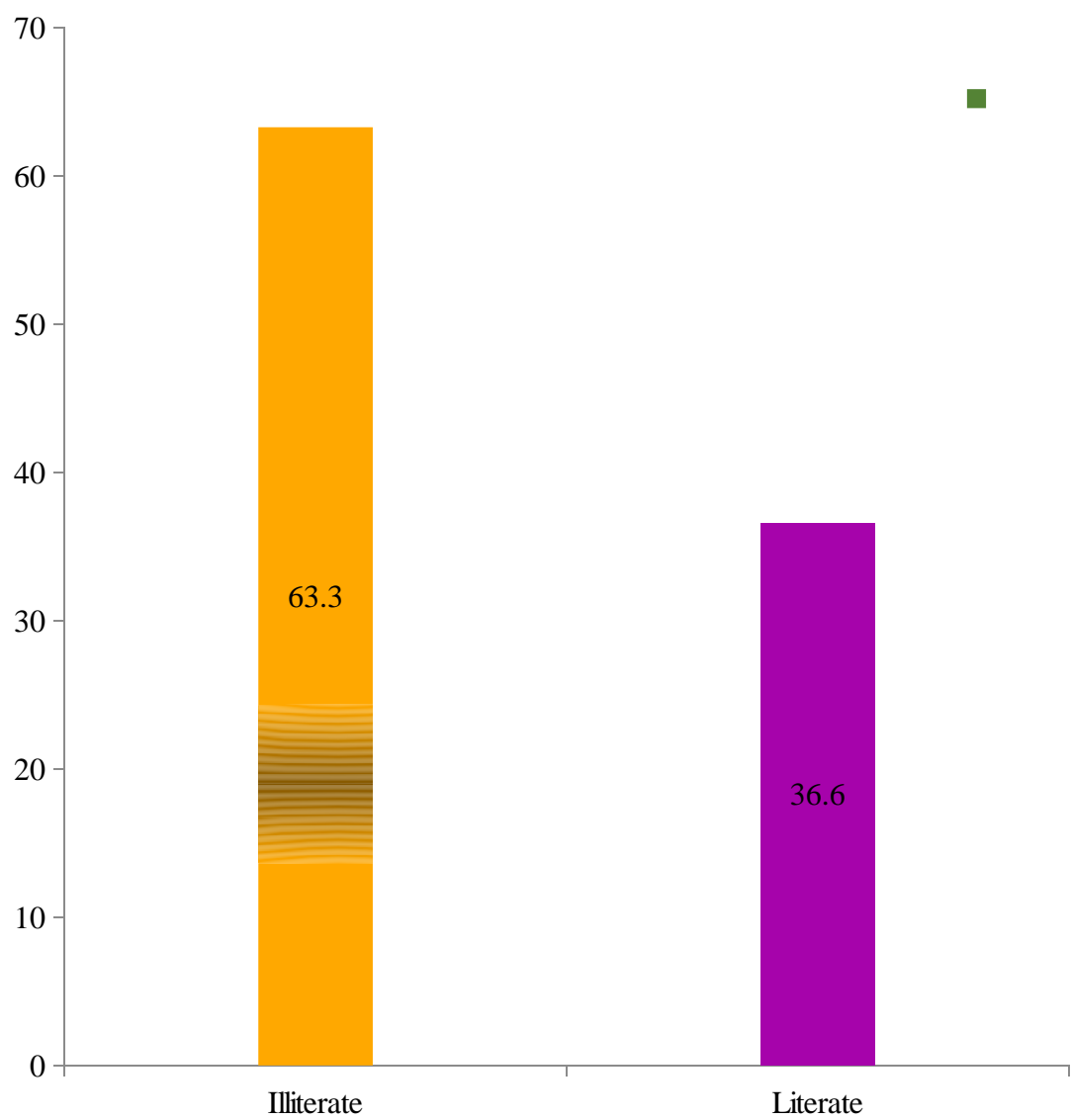


Figure 9: Distribution of Demographic Variables According to Educational Status

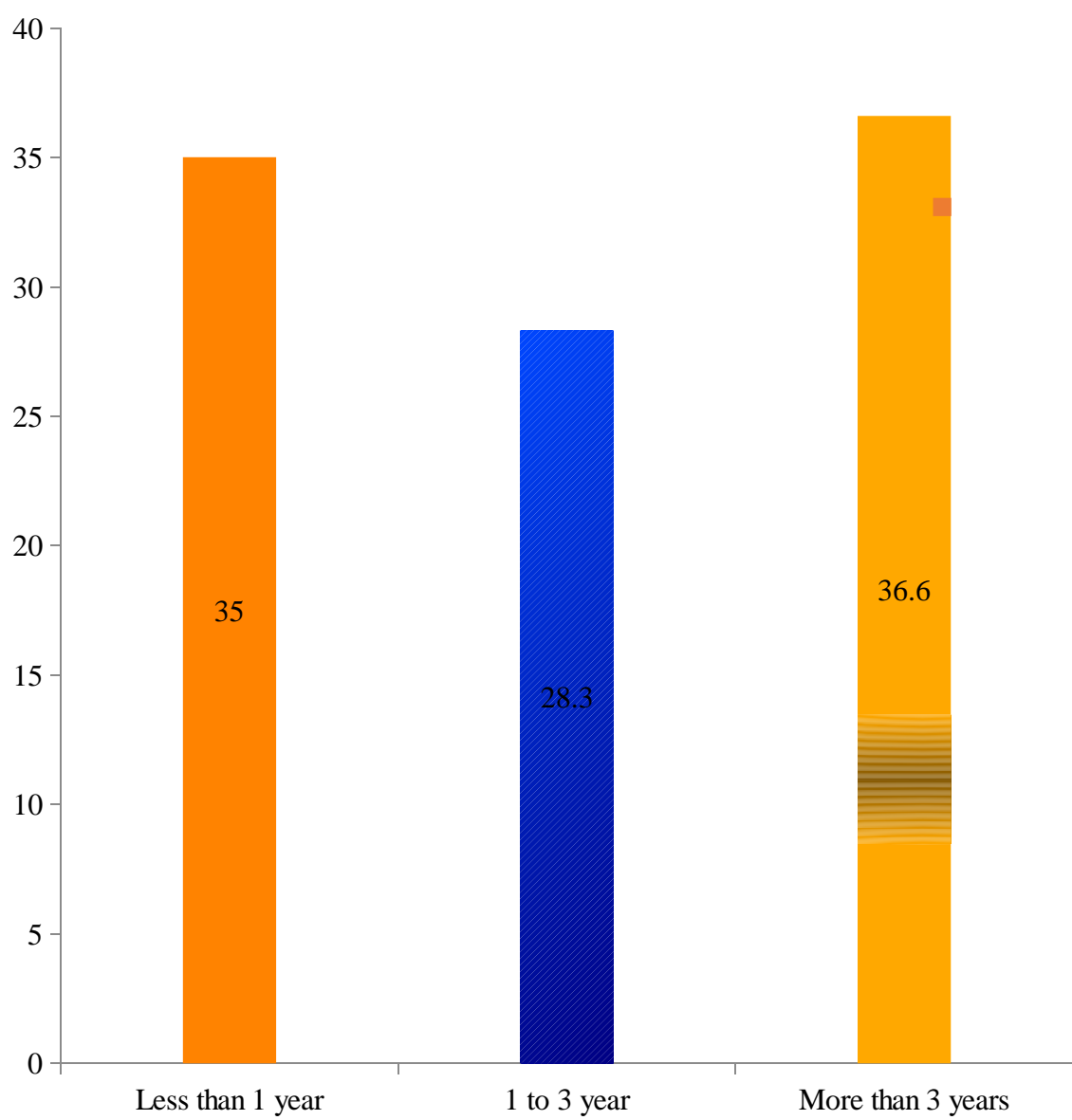


Figure 10: Distribution of Demographic Variables According to Duration of Stay at Old Age Home

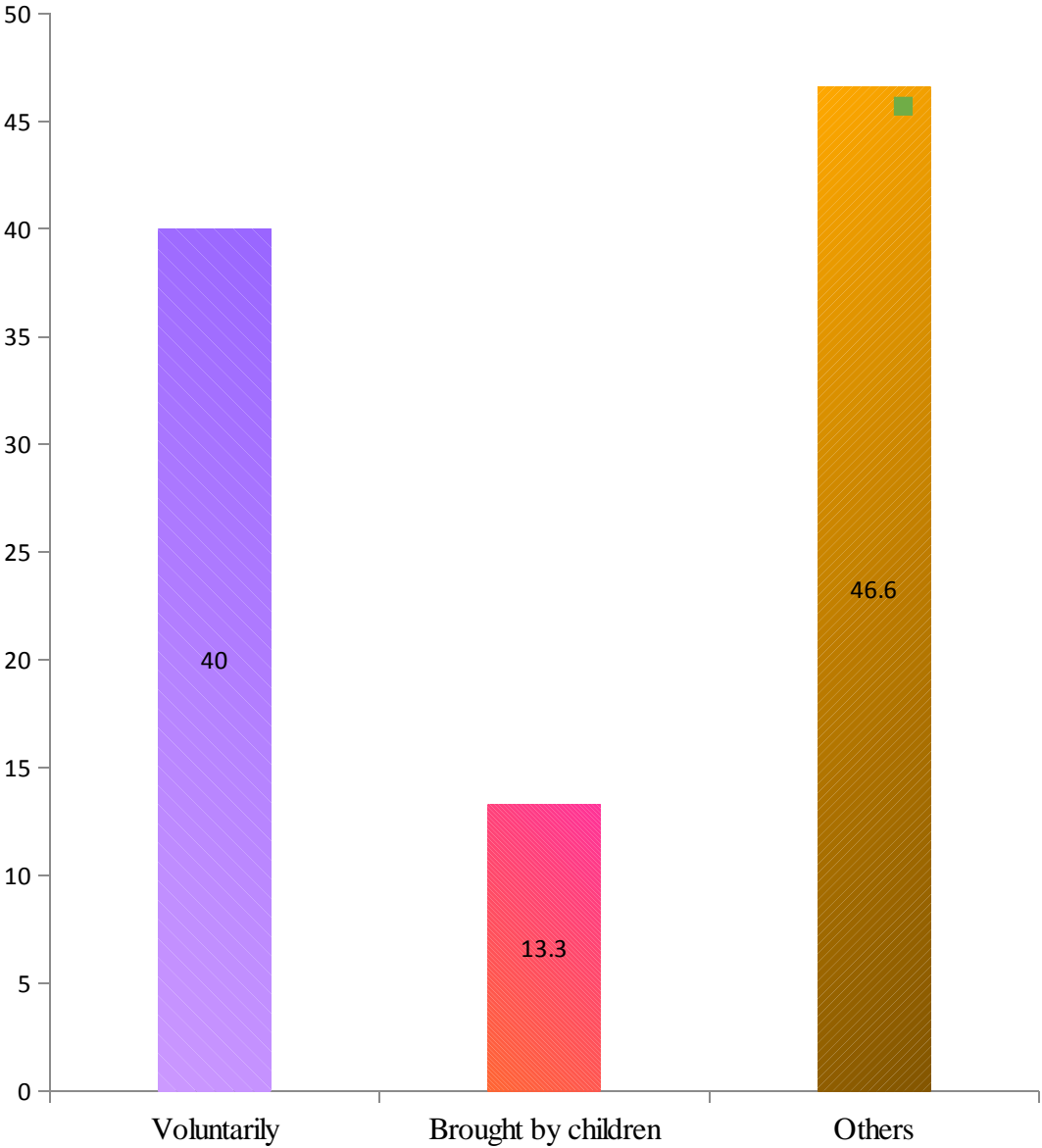


Figure 11: Distribution of Demographic Variables to Reason For Joining in Old Age Home

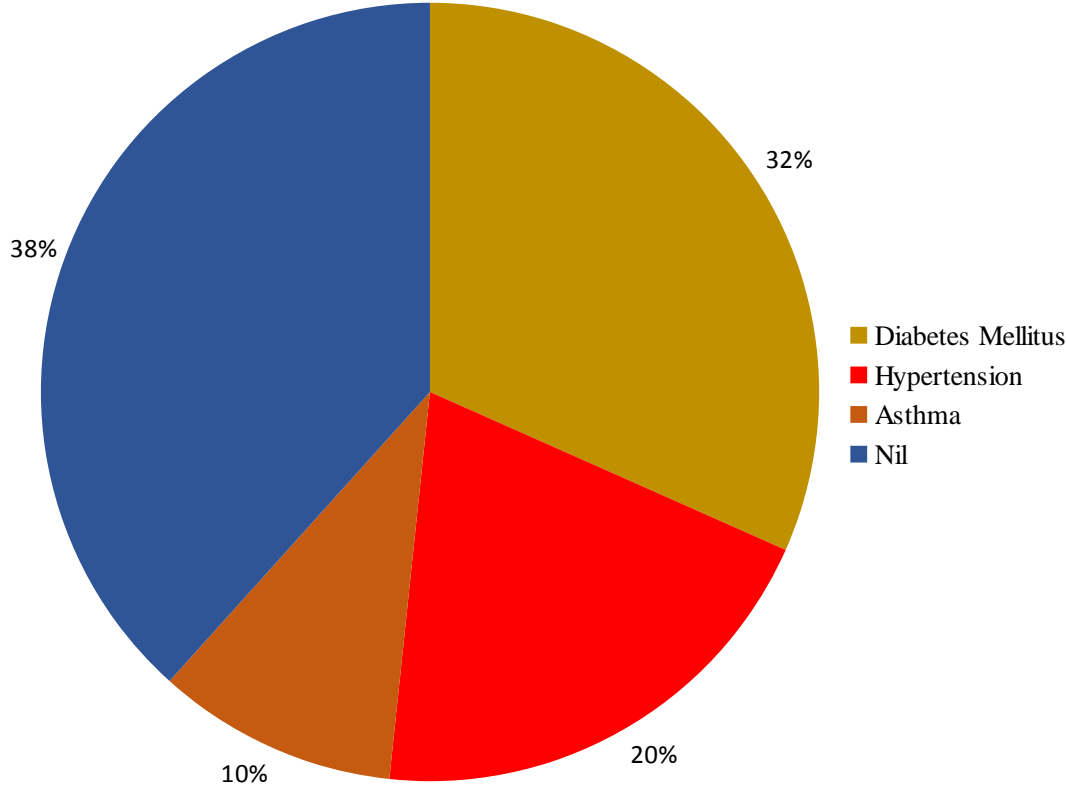


Figure 12: Distribution of Demographic Variables According to Medical Illness

SECTION B: Assessment of the Pre and Post Test Level of Stress Among Old Age

Table 2: Frequency and Percentage Distribution of Pretest Scores and Post Test Scores of Old Age People with Level of Stress

N= 60

SI. No	Level of Stress	Pretest		Posttest	
		Frequency	Percentage	Frequency	Percentage
1	Mild	-	-	46	76.3%
2	Moderate	29	48.3%	14	23.3
3	Severe	31	51.6%	-	-

The table 2 reveals the frequency and percentage distribution of pretest level of stress among old age people, the pretest level of stress 48.3 % of them had moderate stress and 51.6 % of them had severe stress. The post test level of stress among old age people, 76.3% of them had mild stress, 23.3% of them had moderate stress.

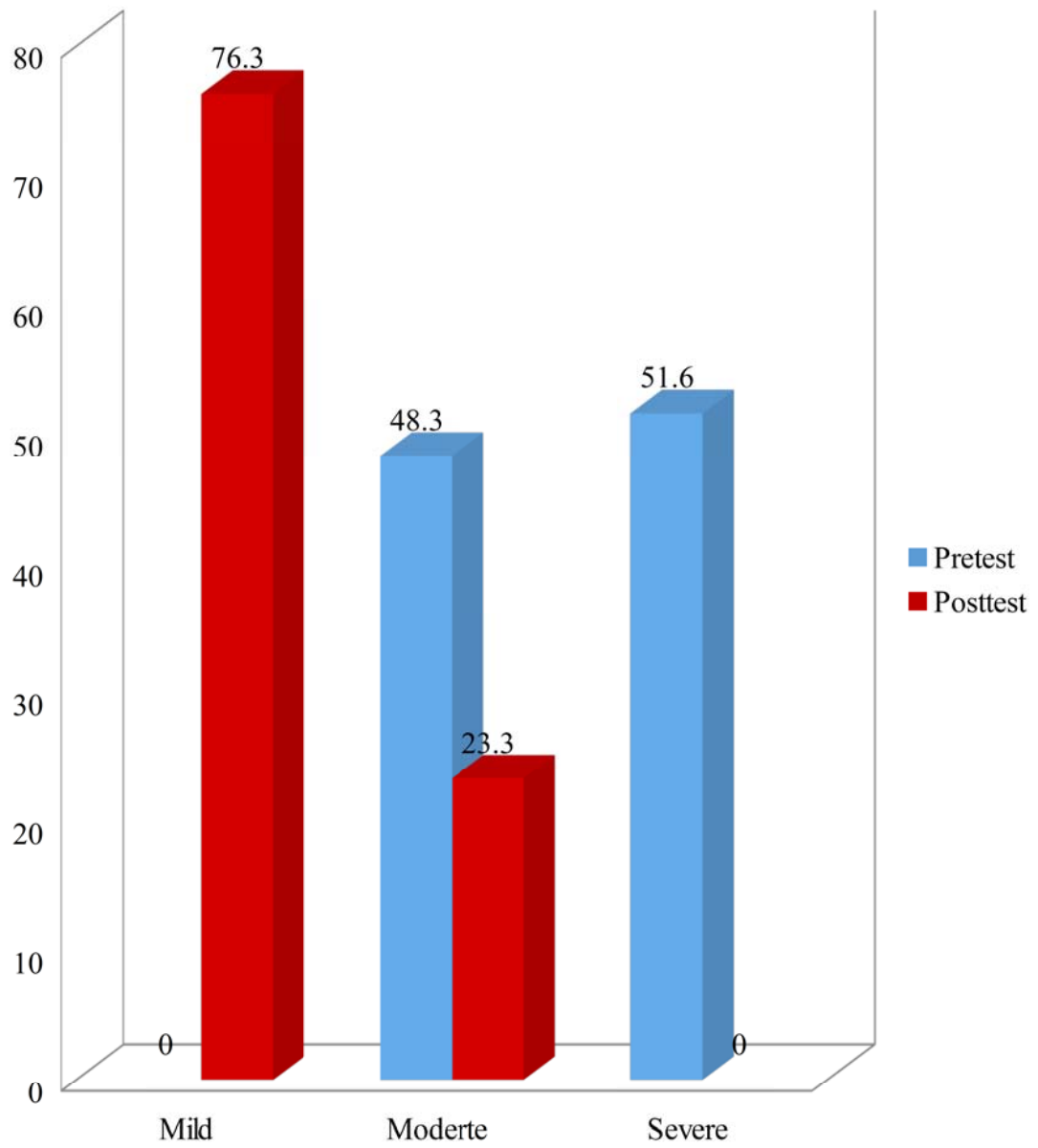


Figure 13: Distribution of Pretest and Posttest Level of Stress

Section C: Difference Between the Level of Stress Among Old Age Before and After Giving Activity Therapy.

Table 3: Mean Reduction of Stress Between on Pre and Post Test Level of Stress Among Old Age People

Variables	Pre test		Post test		
	Mean	Standard deviation	Mean	Standard deviation	Mean difference
Stress	61.41	6.08	26.51	7.35	34.9

Table 4 shows that the mean value of stress in pretest was 61.41 and standard deviation was 6.08. The mean value of stress in post test was 26.41 and standard deviation was 7.35. The mean difference of pretest and post test was 34.9.

Section D: Effectiveness of Activity Therapy Among Old Age

Table 4: Mean, Standard Deviation and Paired 't' Test Value of Pre and Post Test Level of Stress Among Old Age People.

N = 60					
Variables	Pre Test		Post Test		T value
	Mean	Standard Deviation	Mean	Standard Deviation	
Stress	61.41	6.08	26.51	7.35	27.09

df = 59 p < 0.05

The calculated 't' value of stress was 27.09 which is significant to the table value. The mean value of stress in pre test was 61.41 and standard deviation was 6.08. The mean value of stress in post test was 26.51 and standard deviation was 7.35.

Section E: Association of Post Test Level of Stress Among Old Age People with their Selected Demographic Variables.

Table5 :Association of Post Test Level of Stress Among Old Age People with their Selected Demographic Variables

N=60					
Sl. No	Demographic variables	χ^2	df	Table value	Significance
1	Age	5.5	3	7.81	$P < 0.05$
2	Sex	2.24	1	3.84	$P < 0.05$
3	Marital status	2.31	3	7.81	$P < 0.05$
4	Source of income	4.46	3	7.81	$P < 0.05$
5	Religion	2.62	1	3.84	$P < 0.05$
6	Previous occupation	3.72	2	5.99	$P < 0.05$
7	Educational status	0.248	1	3.84	$P < 0.05$
8	Duration of stay old age home	1.198	2	5.99	$P < 0.05$
9	Reason for joining in old age home	7.78	2	5.99	$P > 0.05$
10	Medical illness	2.816	3	7.81	$P < 0.05$

The above table explains that, for the demographic variables age the $df = 3$, chi square value is 5.5 and the table value is non significant at $P < 0.05$. Hence this demographic variable is not associated with the post test score. The distribution of

sample according to sex the $df = 1$, chi square value is 2.24 and the table value is non significant at $P < 0.05$. Hence this demographic variable is not associated with the post test score.

Distribution of sample according to marital status the $df = 3$, chi square value is 2.31 and the table value is non significant at $P < 0.05$. Hence this demographic variable is not associated with the post test score. The distribution of sample according to source of income the $df = 3$, chi square value is 4.46 and the table value is non significant at $P < 0.05$. Hence this demographic variable is not associated with the post test score.

Distribution of sample according to religion the $df = 1$, chi square value is 2.62 and the table value is non significant at $P < 0.05$. Hence this demographic variable is not associated with the post test score. The distribution of sample according to previous occupation the $df = 2$, chi square value is 3.72 and the table value is non significant at $P < 0.05$. Hence this demographic variable is not associated with the post test score.

Distribution of sample according to educational status the $df = 1$, chi square value is 0.248 and the table value is non significant at $P < 0.05$. Hence this demographic variable is not associated with the post test score. Distribution of sample according to duration of stay at old age home the $df = 2$, chi square value is 1.198 and the table value is non significant at $P < 0.05$. Hence this demographic variable is not associated with the post test score.

Distribution of sample according to reason for joining in old age home the $df = 2$, chi square value is 7.78 and the table value is significant at $P > 0.05$. Hence this demographic variable is associated with the post test score. The distribution of sample according to medical illness the $df = 3$, chi square value is 2.816 and the table value is non significant at $P < 0.05$. Hence this demographic variable is not associated with the post test score.

Summary

This chapter dealt with data interpretation in the form of statistical values based on the objectives and hypothesis. Frequency and percentage distribution was found out on level of stress in old age people with their selected demographic variable. The paired 't' test was used to determine the effectiveness of activity therapy on stress. The Chi-square analysis was used to find out the association in the level of stress with their selected demographic variables.

CHAPTER - V

DISCUSSION

The study was undertaken to determine the effectiveness of activity therapy on stress among old age people in selected old age homes at Kanyakumari District. Pre experimental- one group pre testpost test design was adopted for the study for the study. The result and discussion of the study are based on the findings obtained from the statistical analysis.

The main objective of the study is to assess the stress level of old age people before and after giving activity therapy inorder to assess the effectiveness of activity therapy.

With respect to demographic characteristics of the sample the majority 21[35%] belonged to the age group of 71-75 years,32[53.3%] of them were male, majority of the samples 30[50%]were married, 34[56.6%] of samples source of income is through dependent on old age home, 42[70%] of the samples were Christian, most of them 43[71.6%] were unemployed,38[63.3%] of them were illiterate. Majority of the samples 22 [36.6%] were staying old age home for more than 3 years, 28[46.6%]samples joined through other means, 23[38.3%] of the samples do not suffer from medical illness.

The first objective of the study was to assess the level of stress among old age before giving activity therapy.

In psychological stress assessment scale, the analysis of pre test among 60 samples,29 [48.3%] of them had moderate level of stress,31 [51.6%] of them had severe level of stress and none of them had mild level of stress.

The hypothesis was supported byLefrancois.R. et.al., (2000) conducted study on, Stressful life events and psychological distress of the very old in Canada. The purpose of the study was to examine whether social support has a moderating effect on the relationship between exposure to stressful life events and psychological

distress. To test this, 224 men and women aged 81-86 were sampled from two municipal regional countries. The French version of the Geriatric Scale of Recent Life Events, the Psychiatric Symptom Index, and the social provision scale were used. The results show that the negative aspect of social interaction may explain why social support did not have a protective effect. Also, social isolation resulting from psychological distress could reduce the opportunity for instrumental help and emotional support.

The first component of Imogene Kings Goal attainment theory is to perceive the need for intervention to relieve stress. Here the investigator perceived that, 29 (48.3%) of them had moderate level of stress, 31 (51.6%) of them had severe level of stress and none of them had mild level of stress.

The second component of the theory is judgement. Here the investigator took decision to provide activity therapy based on the perceived need.

The second objective of the study was to assess the effectiveness of activity therapy among old age after giving activity therapy.

In psychological stress assessment scale, the analysis of pre test mean stress score was 61.41. The post test mean stress score was 26.41. The paired 't' value at p 0.001 level of stress 27.09, which shows that the activity therapy was effective in reducing the stress in old age peoples.

The hypothesis was supported by Jeanine L. M. Liddle et.al conducted a study on the conceptualizing older women's participation in art and craft activities. The result explores the nature of older women's participation in art and craft activities and conceptualizes links between participation in these activities and health and wellbeing in late life .By participating in art and craft activities, older women find purpose in their lives, contributing to their subjective wellbeing whilst helping and being appreciated by others.

the third, fourth and fifth components of the theory are action, reaction and interaction. Here the investigator implemented Activity therapy successfully to old age people on these three steps.

Based on this theory six step was transaction. Here the investigator found that there is reduction in level of stress and the goal was achieved.

The third objective of the study was to find out the association between the level of stress among old age and their selected demographic variables.

The result shows that, In Psychological Stress Assessment Scale there was significant association between the level of stress with demographic variables reason for joining in old age home and all other variables are nonsignificant. Hence the research hypothesis (H2) rejected.

CHAPTER - VI

SUMMARY AND RECOMMENDATIONS

This chapter consists deals with the summary of the study and recommendations. It also explains the implications of the study for different areas like nursing education, nursing administration, nursing practice and nursing research.

Summary of the Study

The summary includes objectives of the study, procedure, major findings, conclusion and recommendations for further research study. **“A study to assess the effectiveness of activity therapy on stress among old age people in selected old age homes at Kanyakumari District.”**

Objectives of the Study

- 1) To assess the level of stress among old age before giving activity therapy.
- 2) To assess the effectiveness of activity therapy among old age after giving activity therapy.
- 3) To find out the association between the level of stress among old age and their selected demographic variables.

Hypotheses

H₁: There is significant difference between the level of stress among old age people after giving activity therapy.

H₂: There is no association between the level of stress among old age people with their selected demographic variables.

Pre-experimental research design was used to determine the effectiveness of activity therapy in reducing the reduce level of stress among old age people. The tool used in this study consisted of two sections. Section A was demographic variables and

section B was modified psychological stress assessment scale to assess the level of stress. Convenience sampling technique was used to select the samples and data was collected from 60 old age peoples residing in home for the aged Pilankalai and home for the aged mathar.

The data were collected and analysed using descriptive and inferential statistics. To test the hypothesis, independent t test and chi square test were used. The level of significance was assessed by $p < 0.05$ to test the hypothesis.

The Study findings

The demographic characteristics of the sample, the majority 21[35%] belonged to the age group of 71-75 years, 32[53.3%] of them were male, majority of the samples 30 [50%] were married, 34[56.6%] of samples source of income is through dependent on old age home, 42[70%] of the samples were Christian, most of them 43[71.6%] were unemployed, 38 [63.3%] of them were illiterate. Majority of the samples 22 [36.6%] were staying at old age home for more than 3 years, 28 [46.6%] samples joined through other means, 23 [38.3%] of the samples do not suffer from any medical illness.

In pre test, among 60 samples, 29 [48.3%] of them had moderate level of stress, 31 [51.6%] of them had severe level of stress.

The pre test mean stress score was 61.41. The post test mean stress score was 26.41. The paired t value at $p = 0.001$ level of stress were 27.09, which shows that the activity therapy was effective in reducing the stress in old age peoples.

There is no significant association in the level of stress with their selected demographic variables.

Nursing Implications

The researcher has derived the following implications from the study results which adds greater value to the field of nursing service, nursing administration, nursing education, and nursing research. By Assessing the effectiveness of Activity therapy to reduce the level of stress among old age people, we get a clear picture regarding different steps to be taken in all fields, to improve the standard of nursing profession and implement evidence based practice in health set up.

Nursing Practice

- ❖ Activity therapy is an effective measure to reduce the stress. Nurses can make this activity therapy as an effective measure to enhance the coping strategies of old age people.
- ❖ Nurses can plan the goal of nursing management of psychiatric patients and enhance their self concept, coping strategies and sense of well being through the development of mutually agreed goals.
- ❖ Student nurses can use this intervention to boost the withdrawn patients.
- ❖ Performance of activity therapy is a Safe and better modality.
- ❖ Research can fruitfully be used by nurses in planning care and providing nursing intervention (Activity therapy) that are especially beneficial for old age people with stress

Nursing Education

A Nurse educator is not primarily to teach, but to promote learning and provide the environment conducive to learning and create the teachable moment rather than first waiting for it to happen

- ❖ Nurse educator can train and encourage the student nurses to utilize activity therapy as an alternative complimentary therapy to reduce stress among old age people.

- ❖ This study can motivate student nurses to explore new strategies for effective reduction of stress among old age people.
- ❖ Student nurses can be trained to assess the level of stress of the patient and their relatives.
- ❖ Student nurses can be educated in order to enhance their self esteem by using various. The nurse educators need to be equipped with adequate knowledge regarding activity therapy.
- ❖ Nursing educators can conduct conferences to strengthen the curriculum in such a way, in-service education and work shop to encourage nurses to learn about various alternative therapies to reduce stress among old age people.

Nursing Administration

A Nurse administrator manages the client care and the delivery of specific nursing services within a health care agency.

- ❖ The nurse administrator co-ordinates her activity along with the curative aspects of care among old age people by participating, practicing, and supervising the activity therapy.
- ❖ Nursing administrator can organize in service education program regarding the effectiveness of activity therapy on stress for staff nurses.
- ❖ Nurse administrator can recognize activity therapy as a cheap, cost effective method in the executive of reducing stress among old age people.

Nursing Research

The research implication of the study lies in the scope for expanding the quality of nursing service. In the era of evidence based practice, publication of these studies will take nursing to new horizon.

- ❖ Nursing research can be done to find out the various innovative methods to improve the coping skills and to decrease the level of stress.

- ❖ The findings of the study would help to expand the scientific body of professional knowledge upon which further research can be conducted.
- ❖ Large scale study can be conducted on activity therapy.
- ❖ Research on activity therapy in reducing joint pain should involve interdisciplinary research teams and the findings should be communicated through journal and other Medias.
- ❖ Teachers can direct and motivate the nursing researchers. So that they can conduct research in the same and different specialties and thereby professional independence can be achieved.

Limitations

- ❖ Since there were very few studies done on the effectiveness in national level, the investigator had a difficulties in collecting the study materials for the review.
- ❖ The sampling size was only 60
- ❖ The data collection period was only one month
- ❖ Since the study was conducted among the old age people, the investigator had difficulties in assembling the old age people.

Recommendations

- ❖ Similar study can be conducted as comparative between old age male client and female client in different settings.
- ❖ Similar study can be conducted as comparative study between old age people in old age homes and old age residents with their family.
- ❖ A study can be conducted with large sample size to generalize the results of the study.
- ❖ The study can be carried out for a longer period of time.
- ❖ The study can be carried to assess the quality of life among the old age people.

Conclusion

From the result of the study it was concluded that the level of stress is high among old age those who are residing at old age homes. They require some interventions to reduce the level of stress. The finding of the study reveals that, there is no significant association between demographic variables and level of stress among old age people. The 't' value was 27.09 which is higher than the table value at [p 0.05] level which shows that reduction in stress level after activity therapy among old age people. It is an effective intervention to reduce the level of stress among old age people.

BIBLIOGRAPHY

Book References

1. Ann MarrinerTomey. (2006). *Nursing Theorists and their work*. Missouri: Mosby Publication
2. Basavanthappa, B.T. (2003). *Nursing Research*. New Delhi: Jaypee brother's medical publishers (P) Ltd.
3. Basavanthappa,B.T.(2007).Psychiatric Mental Health Nursing. New Delhi: Jaypee brothers.
4. Blazer,D.,(2003).Geriatric text book of clinical psychiatry.The American psychiatric publishing.
5. Charlotte Eliopoulos. (1997).Gerontological nursing. Philadelphia: lippincott.
6. Dorothy. (1995). *Fundamentals of nursing research*. USA: Jones and Bartlett publication.
7. Elizabeth M.Varcolis. (1998).Foundation of Psychiatric Mental Health Nursing. Saunders publications.
8. Fortinash,et.al.,(1996).Psychiatric-Mental health nursing.. Missouri: Mosby publications.
9. Gail W.Stuart,(2009).Principle and practice of psychiatric nursing. Mosby publications.
10. George, J.B. (2011). *Nursing Theories*. NewDelhi: Pearson Publishers.Kothari, C.R. (2004). *Research methodology methods and techniques*. New Delhi: New age international (p) Ltd publishers.

11. Gurumani.N,(2005).An introduction of biostatistics.Chennai: MJP publishers.
12. Lalitha.k, (2007) Mental Health and Psychiatric Nursing- an Indian Perspective. Bangalore: V.M.G. Book Publishers.
13. Mahajan, B.K. (1991). *Methods in Biostatistics*. NewDelhi: Jaypee Brothers Medical Publishers.
14. Niraj Ahuja, (2009). A short text book of psychiatry. New Delhi: Jaypee Brothers Medical Publishers (P) Ltd.
15. Polit. (2004). *Nursing Research Principles and Methods*. Philadelphia: Lippincott Williams and Wilkins Company.
16. Polit. D.F. (2008). Nursing research Generating and assessing evidence for nursing practice. *New Delhi: Wolters Kluwer India Pvt limited*.
17. Sharma,S.K. (2011). *Nursing Research and Statistics*.NewDelhi: Elsevier.
18. Sreevani, R. (2009). A Guide to Psychiatric and Mental Health Nursing. New Delhi: Jaypee Brothers Publishers.
19. SundarRao, (2004). *An introduction to Biostatistics*. New Delhi: Prentice-Hall of India Private Ltd.
20. Townsend, M.C. (2005). Mental Health and Psychiatric Nursing-Concepts Based on Evidence Based Practice. New Delhi: Jaypee Brothers.
21. Wesley (1992). *Nursing Theories and Models*. Pennsylvania: Spring House Publication.

Journal References

1. AcharyaAnoop, (oct 2005). "The ageing individual". Nightingale nursing times.1(8).57.
2. Anbu.S,et.al.,(Jun 2008).”Geriatric nursing”, Nightingale nursing times. 4. 56.
3. Anne Marie Piper.(2014).Designing audio-enhanced paper photos for older adult emotional wellbeing in communication therapy. International Journal Of Human Computer Studies.51,12.
4. August.K.J,et al.,(2007). “The joint effects of life stress and negative social exchanges on emotional distress “, Journal of gerontology, 62(5). 304 – 14.
5. Belfry(1998) recreational therapy considered as rehabilitation treatment.
6. Caroline Nicholson.(2013). The experience of living at home with frailty in old age. International Journal Of Nursing Studies.50,1172-1179.
7. Charlotte Eliopoulos, American Gerontological society. (4thed). Philadelphia: lippincott. Pp168-69,172-73.
8. Cheng., et.al. (2008). “Living status and psychological well – being, social comparison as the moderator in later life”, Aging mental health. 12[5]. 654 – 61.
9. Cuijpers. P. (2001).”Mortality and depressive symptoms in inhabitants of residential home”, International journal of geriatric psychiatry.16 (12). 131 – 8.
10. Frances Reynolds.(2008).Exploring the influences of visual art-making as a leisure activity on older womens subjective well-being. International Journal Of Nursing Studies.7,30-38.
11. Jeanine L.M. Liddle. (2013). Purpose and pleasure in late life. International

Journal of human-computer studies. 72, 8-9.

12. Kavitha, A.K. (2007, July). Comparative study on quality of life among senior citizens living in home for the aged and family set up in Erode District. Nightingale Nursing Times. 47 – 49.
13. Kenmare. (2000, June). Graying with Grace. Health Action.15-17.
14. Lefrancois.R.et.al.(2000).Nursing research generating & Asserting evidence for nursing practice. (8thed). New Delhi:wolterskluwerspvt. Ltd.
15. Sonya Brownie.(2014).factors that impact residents transition and psychological adjustment to long-term aged care. International Journal Of Nursing Studies.10,59-72.
16. Sunjin Nancy Choe. (2014).An exploration of the qualities and features of art apps for art therapy. International Journal Of Nursing Studies.9,14-16.
17. Tinker A.M. (2014).Creativity in later life. International journal of nursing studies.8,46.
18. Trammer,Beth A.(2006). “ Geriatric Group Art Therapy in a Nursing Home”OhioLinkn etdp141- 26.
19. Louise H. Phillips, and Rebecca. (2007).Bull Exploring the Specificity of Age-Related Differences in Theory of Mind Tasks. psychology and ageing 22,639-643

Electronic Articles

1. Darryl R. Haslam., (2006) conducted study on the practice patterns and attitudes on family play therapy.retrievedfrom URL:<http://www.ncbi.nlm.nih.gov/pubmed>.
2. David.M.Almeida(2005) conducted study on Resilience and Vulnerability to Daily Stressors Assessed via Diary Methods Research on daily stressors.retrievedfrom URL:http://www.dnaindia.com/mumbai/report_india-may-be-hub-of-chronic-illness_1183979.
3. Hema,(2010).assess the effectiveness of selected relaxation techniques to *reduce the level of stress among senior citizens residing in selected old age home*, retrievedfrom. URL: <http://www.nimh.nih.gov/health/publications/stress/complete-index.shtml>.
4. Mark Twain(1860) Brainy Quote: mobile. brainy quotes.com.
5. Tak,Sunghre(2006)conducted study “Diversional activities making an important role in stress”. retrievedfrom : URL: <http://www.ncbi.nlm.nih.gov/pubmed/201642>.
6. Linda L. Buettner and Joyce Ferrario.(2010). Recreation-Nursing Team: A Therapeutic Intervention for Nursing Home Residents with Dementia. retirved from. www.rguhs.ac.in/cdc/onlinecdc/uploads/05_N196_34006.doc.
7. *Bennett, M.P. Zettler (2003)*, the effect of Music therapy .retrieved from www.recreationtherapy.com/research.htm.
8. *Kiecolt-Glaser, McGuire, Robles, & Glaser,(2002)*. *theexperience of stress can result in significant negative health consequences*. Retrieved from.www.ncbi.nlm.nih.gov/NCBI/Literature/PubMedCentral/PMC.



THASIAH COLLEGE OF NURSING

(Approved by Govt. of Tamilnadu, TN-Nurses & Midwives Council
Indian Nursing Council & Affiliated to Dr. M.G.R. Medical University)

Marthandam, Vellivilagam, Viricode - 629 165
Kanyakumari District. Tamil Nadu, India.

Phone : 04651 - 270996, 9487251600

web : www.tcnursing.net, email : info@tcnursing.net

Mr.C.Thasian

Chairman

From,

The Principal,
Thasiah College of Nursing,
Marthandam.

To,

The Director,
Home for old age,
Pilankalai.

Respected Madam/Sir,

Ms.Vinika Raj.D.J is a student of M.Sc (N) Programme from the clinical speciality Mental Health Nursing in our college. She is conducting a study on **"A Study to assess the effectiveness of activity therapy on stress among old age people at selected old age homes in Kanya kumari district"**.

This is for the research project to be submitted to 'The Tamilnadu Dr.MGR Medical University' in the partial fulfillment of university requirement for the award of M.Sc (N) Degree and will be beneficial in understanding and improving the health of the old age.

As a part of her study, She need to observe the level of elderly stress of elderly in your old age home, and to implement the selected intervention (activity therapy) to the target population in your old age home. so permission may kindly be granted for her to conduct the study at your esteemed old age home. She will abide by the rules and regulations of your old age home.

Thanking You,

Pilankalai,
29/05/2014.



Boomy
PRINCIPAL
Thasiah College of Nursing,
Marthandam - 629 165



THASIAH COLLEGE OF NURSING

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Mr.C.Thasian

Chairman

From,

The Principal,
Thasiah College of Nursing,
Marthandam.

To,

The Director,
St. Mary's old age home
Mathar.

Respected Madam/Sir,

Ms.Vinika Raj.D.J is a student of M.Sc (N) Programme from the clinical speciality Mental Health Nursing in our college. She is conducting a study on **"A Study to assess the effectiveness of activity therapy on stress among old age people at selected old age homes in Kanya kumari district"**.

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Thanking You,

Mathar,
29/05/2014.



Doorny
PRINCIPAL
Thasiah College of Nursing
Marthandam - 629 165

HOME FOR THE AGED

(Registered under Tamil Nadu Societies Registration Act. 1975)

Pilankalai,
Mekkamandapam - 629 166.
Kanyakumari District.

Date.

TO WHOM SOEVER IT MAY CONCERN

Miss. Vinika Raj D. J. is a student of M.Sc Nursing programme from Thasiah College of Nursing, Marthandam. She has conducted a study on " **A study to assess the effectiveness of activity therapy on stress among old age people in selected old age homes at Kanyakumari District.**"

As part of her research study she did screening and activity therapy in an excellent manner with good dedication and in a pleasant way to the old age people with mild, moderate and severe stress.

With best regards

S. Pavana B.M.

HOME FOR THE AGED
PILANKALAI
MEKKAMANDAPAM POST
KANYAKUMARI - 629 166
TAMIL NADU, INDIA

HOME FOR AGED MATHAR

Chenkody P. O., Via. Thiruvattar - 629177,
K. K. District.

Date.....

TO WHOM SOEVER IT MAY CONCERN

Miss. Vinika Raj D. J. is a student of M.Sc Nursing programme from Thasiah College of Nursing, Marthandam. She has conducted a study on " **A study to assess the effectiveness of activity therapy on stress among old age people in selected old age homes at Kanya kumari District.**"

She conducted her research study in our old age home with good dedication, punctual timings and in a pleasant way to the old age people.

With best regards

Sr. Rita Francis .D.M

Secretary

**St. Mary's Home For The Aged
Mathar**

LETTER SEEKING EXPERTS OPINION FOR THE VALIDITY OF THE TOOL

From,

Ms. D.J Vinika Raj
M.Sc Nursing II year,
Thasiah college of nursing,
Marthandom.

To,

Respected Sir Madam,

Sub: requisition to expert opinion and suggestion for the content validity.

I Ms. Vinika raj, M.S.c Nursing year student of Thasiah Collage of Nursing, Marthandom, have selected the following topic, **“A study to assess the effectiveness of activity therapy on stress among old age homes at kanyakumari district”** for my dissertation to be submitted to Tamilnadu Dr. M. G. R. Medical university in the partial fulfillment of the requirement for award of Master of science in Nursing.

I request you to go through the items and give your valuable suggestions and opinions to develop the content validity of the tool. Kindly suggest modifications and addition and deletions if any in the remarks column.

Thanking you,

Place: Marthandom.

Yours sincerely

Date:

Ms D.J. Vinika. Raj

ENCLOSURE:

1. problem statement, objectives, and hypothesis of the study.
2. Demographic profile.
3. Rating scale on modified psychological stress assessment scale.
4. Evaluation performa

LIST OF EXPERTS WHO VALIDATED THE TOOL

1. Dr. C. PanneerSelvam M.D. (Psych);NIMHANS

Consultant Psychiatrist
Sneka Mind Care Centre
12, South Bye Pass Road

Tirunelveli-627 005.

2. Dr. SatheesaKumaran Nair

MM & SP, Ph.D, Dip.edu.Couns
Cert. Nutrition and Mental Health
Clinical psychologist

Govt. MHC Hospital TVM.

3. Mr. Pitchai.A, M.Sc(N)

Asst. Professor,
CSI College of Nursing

Karakonam.

4. Mrs.P.Jega Juliet M.Sc (N)

Lecturer,
Christian College Of Nursing,

Neyyor.

5. Mrs.P. Femila MSc (N)

Asst.Professor,
Christian College Of Nursing,
Neyyor.

CRITERIA CHECK LIST FOR VALIDATION OF THE TOOL

Instruction:

Kindly give your suggestions regarding the accuracy, relevance and appropriateness of the content()against specific columns.

PART-1

Validation of demographic variables:

Item	Very relevant	Relevant	Need for modification	Not relevant	Remarks
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

PART – II

Validation of modified psychological stress assessment scale.

Item	Never	Occasionally	Often	Always	Remarks
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					

EVALUTION CRITERIA CHECKLIST FOR VALIDATION

Instructions;

The expert is requested to go through the following criteria for evaluation. Three columns are given for responses and a column for remarks.

Interpretation column:

Column I – Meets the criteria

Column II – Partially meets the criteria

Column III – Does not meet the criteria

S. NO	CRITERIA	1	2	3	REMARKS
1	Scoring Adequacy . Clarity. Simplicity.				
2	Content Logical sequence. Adequacy. Relevance.				
3	Language Appropriate. Clarity. Simplicity.				
4	Practicability Easy to score Precise Utility				

Any other suggestion:

SIGNATURE:

NAME:

DESIGNATION:

ADDRESS:

TOOL FOR DATA COLLECTION

SECTION: A

DEMOGRAPHIC VARIABLES

Dear participants,

The investigator will ask the items listed below and place the tick mark () against the response given by the respondents.. This information will be treated as confidential.

Sample No:

- 1) Age
 - a) 60 – 65 years
 - b) 66 – 70 years
 - c) 71 – 75 years
 - d) 76 -80 years
- 2) Sex
 - a) Male
 - b) Female
- 3) Marital status
 - a) Single
 - b) Married
 - c) Widowed
 - d) Divorced
 - e) Seperated
- 4) Source of income
 - a) Old age pension
 - b) Support from children
 - c) Dependent on old age home
 - d) Pensioner

- 5) Religion
 - a) Hindu
 - b) Christian
 - c) Muslim
- 6) Previous occupation
 - a) Employed
 - b) Self employed
 - c) Unemployed
- 7) Educational status
 - a) Illiterate
 - b) Literate
- 8) Duration of stay at old age home
 - a) Less than 1 year
 - b) 1 to 3 year
 - c) More than 3 years
- 9) Reason for joining in old age home
 - a) Voluntarily
 - b) Brought by children
 - c) Others
- 10) Medical illness
 - a) Diabetes mellitus
 - b) Hypertension
 - c) Asthma
 - d) Any other specify
 - e) Nil

SECTION B:

MODIFIED PSYCHOLOGICAL STRESS ASSESSMENT SCALE

S.No	Items	Never 0	Occasionally 1	Often 2	Always 3
I	PSYCHOLOGICAL PROBLEMS				
A.	Hopelessness :				
1.	Do you feel you are alone				
2.	Do you feel that no body is there to help you				
3.	Do you feel that your life is worthless				
4.	Do you feel helpless				
5.	Do you feel under valued				
6.	Do you feel that you cannot achieve any goal				
7.	Do you worry about death				
8.	Do you feel that you are satisfied in your life				
B.	Low self esteem:				
9.	Do you worry a lot about the past				
10.	Do you feel like crying				
11.	Are you able to make decision by your self				
12.	Do you feel free to express your difficulties with your friends				
13.	Do you feel that your life is empty				
II	SOCIAL PROBLEMS				
A.	Strained interpersonal relationship.				
14.	Do you feel that you are maintaining good				

	interpersonal relationship with others				
15.	Do you talk about your problem with your family members				
B	Inadequate Social support:				
16	Do you feel no one is assisting you to take care of yourself				
17	Do you feel that other people in the society disturb you				
18	Do you feel this society is not accepting you				
19	Do you get emotional support from friends				
C	Attending social functions				
20	Do you feel ashamed to attend social functions				
21	Do you find difficulty in maintaining interaction with others				
22	Does your friends respect you during social gatherings				
23	Do you think you are neglected by your family members				
III	PHYSICAL PROBLEMS				
24	Do you have body ache				
25	Do you have indigestion				
26	Do you have low appetite				
27	Are you getting enough sleep				
28	Do you feel tensed				
29	Do you feel like wanting to pass urine frequently				
30	Do you get night mares				

Scoring

Level of Stress	Score
Mild	0-30
Moderate	31-60
Severe	61-90

Scoring And Interpretation

Level of stress	Score	Percentage
Mild	0-30	0-33%
Moderate	31-60	34 -67%
Severe	61-90	68 - 100%

ACTIVITY THERAPY

INTRODUCTION

Activity therapy is a healing technique that is often employed with people overcoming physical addictions or emotional issues. The main focus of the therapy is to engage the individual in creative endeavors that help to alter the thought processes of those individuals in a positive manner. Activity therapy may take place between a therapist and a single patient or be utilized in a group environment.

Many different types of therapeutic activities can be utilized as part of activity therapy. By providing the patient with activities that are both physically and mentally challenging and rewarding, activity therapy makes it possible to shift attention away from the aches, pain and general discomfort caused by stress, substance abuse, depression or anxiety.

As activity therapy progresses, the patient gets the chance to reconnect with the body and mind. This helps to relieve the physical symptoms related to stress. Relationship between client and therapist is based on trust and mutual respect, work oriented recreational and expressive activities will be selected depending on clients needs and willingness.

FLOWER MAKING

Materials

1. Paper
2. Scissors
3. Wire
4. Glue



PROCEDURE FOR DOING FLOWER MAKING

- Take 1 square
- Fold it in half
- Open the folding
- To get the perfect shape fold each petals in half
- First layer is done
- Need 3 layers to make 1 flower
- Put some dots in one layer
- Take a piece of wire and fix
- The last layer in it
- Put some gum and fix other layers too, now wrap the stem.



STATIN RIBBON ROSE

Materials

- Statin ribbon
- Needle and thread
- Scissors
- Glue



Procedure

1. Make a petal

- Cut a ribbon of 8 cm long. fold the ribbon to a shape of ladder and fix the upper side with pins
- Saw the long side
- Tie off the thread
- Make the ribbon to a bowl shape

2. Add a pistil

- Heat the petal with the lighter to make its edge curly
- Cut several short elastic cords
- Heat one end of the cord to black
- Glue the cords to the middle of the ribbon

3. Make more petals in the same way.

4. Glue three petals around the petal with pistil.

5. Do the same to add more petals; and then a flower with curly petals is made

6. Done.



FLOWER VASE USING ICE CREAM STICK

Materials

- ✓ Ice cream stick
- ✓ Fevicol



Procedure

- ✚ Take 9 stick and arrange
- ✚ Paste 3 sticks in triangle
- ✚ Paste the stick one by one as directed. [Use fevicol in one end of the stick and the other end little below].
- ✚ Continue the step 2, to your requirement height of the vase. After finishing the vase will look like this.
- ✚ Spiral flower vase is ready.



Model- 2

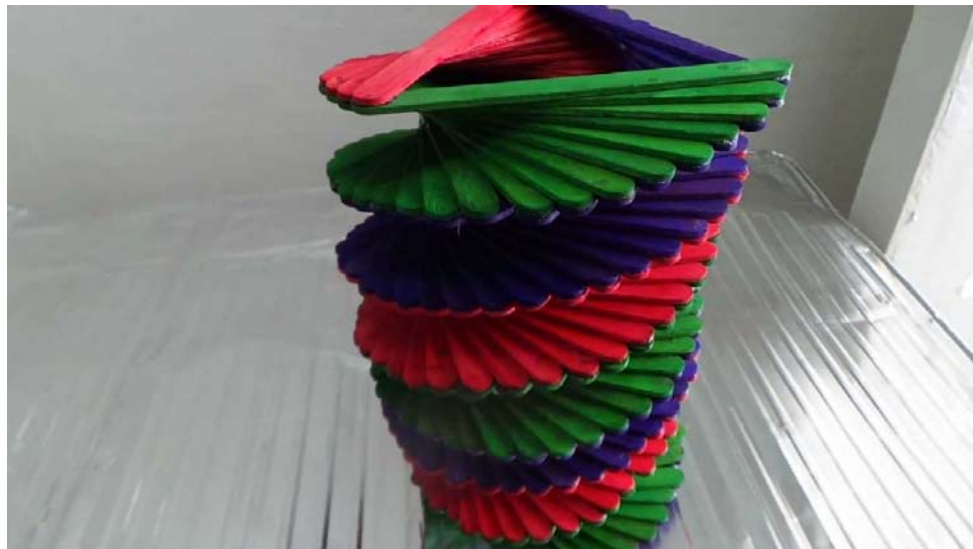
Materials:

- ⌘ Ice cream sticks
- ⌘ Fevicol
- ⌘ Paints
- ⌘ Flower bunches.



Procedure

1. Take ice cream sticks even shape and size.
2. First decide a shape which you have to prepare a vase, here I took pentagonal shape which is my preference.
3. First stick one ice cream stick with the other end of the another stick, like that we have to arrange cream sticks one by one.
4. First stick 6 sticks from inner to outer side. 9 rows like that, then change the shape. Then make 9 rows outer to inner side.



Tissue paper flowers

Materials

1. Tissue paper
2. Ruler
3. Wire
4. Stapler
5. Stem



Procedure for doing tissue paper flower

- 1) Arrange your paper. Lay each sheet of tissue paper neatly one on top of the other. Be sure to get the ends, sides, and creases to meet.
- 2) Fold your paper. Fold the combined sheets of tissue paper accordion style, making sure each fold is about 1 inch (2.5cm) wide.
- 3) Fold the sheets in half. Fold the papers end to end to make unfolding them easier.
- 4) Add your wire. Use your wire to wrap around the center of the flowers at the crease, and then twist the ends together to form a knot.
- 5) Staple the wire.
- 6) Create your stem. Use the long end of wire to create a stem on your flower.
- 7) Unfold the flower.
- 8) Pull apart the petals.





